

THE ERNEST R. STIEFEL PHI BETA KAPPA GRADUATE STUDY AWARD

2024 – 2025 APPLICATION

Before submitting this form, please read the information sheet carefully and make certain that all required documents are attached to this form.

NAME: _____
Last First Middle Initial

CURRENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____ PHONE NUMBER _____

ELECTED TO PBK AT _____ IN YEAR _____

UNIVERSITY WHERE GRADUATE WORK WILL BE DONE (*circle one*): UPS UW

ACADEMIC YEAR IN WHICH GRADUATE WORK WILL BEGIN: _____

FIELD OF GRADUATE WORK: _____

I consent to the release of pertinent information by the institution's Student Financial Aid Office including academic records and my financial aid application status, budget, award and/or eligibility, to the Puget Sound Association of Phi Beta Kappa Ernest R. Stiefel Graduate Study Award Committee for the purpose of selection and conferring the Ernest R. Stiefel Graduate Study Award.

SIGNATURE: _____ DATE: _____

ATTACHMENTS:

1. Personal letter with information as outlined on the Ernest R. Stiefel information sheet
2. Current official transcript of university work

RETURN FORM AND ATTACHMENTS BY JULY 30, 2024 TO:

The Puget Sound Association of Phi Beta Kappa
PO Box 84223
Seattle, WA 98124
scholarships@psa-pbk.org