

**PHI THETA KAPPA SCHOLARSHIP
Adviser Verification Form
Simpson College**

Student's Name _____

Address _____

City, State, Zip _____

Phone Numbers: Day _____ Evening _____

E-mail Address _____ Start Term _____

I confirm that this student is a current member of Phi Theta Kappa International Honor Society at

_____ Community College

_____ PTK Adviser Name (Please Print)

_____ PTK Adviser's E-mail Address

_____ Phone Number

_____ PTK Chapter Adviser Signature

_____ Date

**Please return this form to:
Gwen Schroder, Director of Transfer Enrollment
515-961-1695
Simpson College
701 North C Street
Indianola, Iowa 50125**