

PTK Scholarship Application

The Phi Theta Kappa (PTK) scholarship is a gap scholarship to help fill the gaps between tuition, mandatory fees, and awarded financial aid. The PTK scholarship shall be used only for tuition and eligible fee-related expenses. To avoid an over-award of a student's tuition and eligible fee costs, a student's Louisiana state tuition-based scholarship, institutional scholarship, exemption, or waiver cannot exceed the full cost of the tuition or eligible fee component.

In order to determine eligibility and scholarship amount, please complete the following information:

Student ID Number: _____ Date: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone #: (____) _____

Requesting PTK Scholarship for the term: fall spring summer Year: _____

Number of enrolled credit hours: _____

Consent for the Release of Information

I, _____, authorize the Tulane University Financial Aid Office to provide the Tulane University School of Professional Advancement with information contained in my record, including but without limitation my educational Record as defined by FERPA, for the duration of my undergraduate career. This information includes but is not limited to the release, on a regular basis, of my financial aid information. "Financial aid information" may include but not limited to my cost of attendance and level of aid for which I am eligible and/or have been awarded or my other applications materials for the purpose of obtaining financial aid.

I understand that this consent allows for both written and verbal release of such information to the Tulane University School of Professional Advancement by the Tulane University Financial Aid Office. I further understand that this information is to be solely used in determining my eligibility for the Phi Theta Kappa (PTK) scholarship program.

This permission is given pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99), the Gramm-Leach-Bliley Act (16 CFR, part 314), as well as §313 of the 2018 Consolidated Appropriations Act. This permission can be revoked by me at any time by submitting written notice to the Tulane University Financial Aid Office.

I acknowledge that my individual information will not be shared publicly but may be used anonymously and in the aggregate in Tulane University School of Professional Advancement research and reports.

Signature: _____ Date: _____

Upon signing of the aforementioned consent, please email the completed document to:

To: finaid@tulane.edu (cc: gina@tulane.edu)

Subject: SoPA PTK

Financial Aid Data: (to be completed only by the Tulane University Financial Aid Office)

Semester: _____

A. Total of Tuition and Mandatory Fees for the semester: \$ _____

B. Total financial aid for the semester: \$ _____

A. minus B. equals existing gap for the semester: \$ _____