



2020-2021 JOSEPH B. KIRKISH, Ph.D. PHI KAPPA TAU EDUCATIONAL SCHOLARSHIP

The Portage Health Foundation (PHF) has established the Joseph B. Kirkish, Ph.D. Phi Kappa Tau Educational Scholarship award for eligible Brothers of the Phi Kappa Tau Fraternity, Houghton, Michigan / Michigan Technological University Chapter. PHF will award one (1) \$2,500 scholarship to two members of the fraternity. The scholarship is a one-time award. The successful recipient will meet the below-referenced criteria and submit their application to PHF who will anonymously review the finalist applications to make an award decision.

Eligibility Criteria:

- At the donor's request, the student must be a Brother of the Phi Kappa Tau Fraternity, Houghton, Michigan / Michigan Technological University Chapter (provide proof of membership in good standing);
- The student must have at least a 2.5 GPA;
- The student must be intending to seek a post-secondary degree or certification;
- The student must be enrolled full-time at Michigan Technological University (at least 12 credits);
- The student must demonstrate engagement in school and/or community activities; and
- The student must write a cover letter and accompanying essay in support of their application.

Important Dates:

- The student must submit a completed application to the Portage Health Foundation. Applications must be postmarked, emailed or delivered to PHF Office no later than **March 19, 2021**, to be considered. All required documentation must be included at the time of application submission. Incomplete applications will not be considered. Materials should be sent to:

PHFoundation
ATTN: Scholarships
400 Quincy St. – PO Box 299
Hancock, MI 49930
info@phfgive.org

- The names of the applicants will be redacted prior to being presented to the PHF Grants Management Committee for review and award selections. PHF will mail award letters on or before May 14, 2021.



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A form-fillable application may be downloaded at www.phfgive.org/request-grants.php

Date: _____

Applicant Name: _____

Home (Permanent) Mailing Address: _____

Local Mailing Address: _____

Telephone: _____

Cumulative GPA: _____ (Please include transcript)

Area of Study: _____

Intended Degree/Certification: Associate Degree Bachelor Degree

Please list any related coursework you have studied with corresponding dates:

Please list any volunteer work you have participated in with corresponding dates:

Please list your extracurricular activities (within and/or outside of school) with corresponding dates:



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Students, please prepare a one-page cover letter that addresses the following questions:

- Why do you want to continue your education;
- What do you hope to accomplish academically while continuing your education;
- How do you hope to use your education once you have completed your training; and
- How does your ongoing education relate to the Portage Health Foundation's mission?

"To positively influence a healthier community through enhanced philanthropy and collaboration."

In addition to the cover letter, please prepare a one-page essay that answers the following question:

- Describe a time you demonstrated leadership?

Students must submit completed applications to the Portage Health Foundation. Applications must be postmarked, emailed or delivered to PHF Office no later than **March 19, 2021**, to be considered. Incomplete applications will not be considered.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the scholarship program.

I hereby understand that if chosen as a scholarship winner, according to PHF scholarship policy, it is my responsibility to remit to PHF the appropriate information for my scholarship to be paid directly to my educational institution or program.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____



STUDENT APPLICATION CHECKLIST

- Fill out application (page 2)
- Attach your cover letter and essay
- Attach transcript
- Attach proof of fraternity membership
- Submit completed application to the Portage Health Foundation office. Applications must be postmarked, emailed or delivered to the PHF office no later than **March 19, 2021**, to be considered.

If awarded, the student will be sent a Letter of Acceptance with additional information to complete and return. The scholarship award will be paid directly to the educational institution.