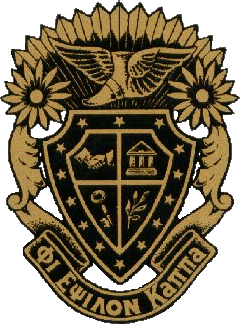
Truman State University

Division of Health & Exercise Science

Phi Epsilon Kappa 2016 Application

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**“A sound mind in a sound body.”**

Minimum Eligibility Requirements:

* Enrolled as either a Health Science, Exercise Science, Athletic Training, or Nursing major.
* Minimum of 3.0 GPA

Application Process:

**Please read all instructions in each section of the application thoroughly.**

* Complete the following application and submit it to the H.E.S. office by Monday, September 26th by 5:00pm.
* When submitting application, please make sure you sign the waiver at the bottom allowing us to verify your G.P.A. with the Registration Office – for Freshmen, please include your high school G.P.A on the application as you do not yet have a college G.P.A.
* If accepted into Phi Epsilon Kappa you will be expected to pay initiation dues of $80. Once active, members pay $30 per year.
* If accepted into Phi Epsilon Kappa you will be required to meet all Rush, Pledge, and Active expectations in order to be initiated into the organization.
* Questions? Contact your pledge educators: Emily Wright ebw5883@truman.edu, John Frost jlf2716@truman.edu.

Personal Information

Name:

Local Address:

Phone: Email:

Major(s):

Minor(s):

Number of Credit Hours Completed:

Please attach your photo here.

Number of Credit Hours Applied:

Expected Date of Graduation:

Cumulative Grade Point Average (on a 4.0 scale):

Have you ever applied to Phi Epsilon Kappa before?

If so, when?

Name of your Phi Epsilon Kappa sponsor:

H.E.S. Courses

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| **CURRENT & COMPLETED HES COURSES** | **SEMESTER** |
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University Activities

*Please list the names of campus organizations you are involved in, including the position you hold and/or the committees you are a part of.*

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| **ORGANIZATION** | **SEMESTER(S)** | **POSITIONS HELD** |
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Community Activities

*Please list the names of off-campus organizations you are involved in, including the position you hold and/or the committees you are a part of.*

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| **ORGANIZATION** | **SEMESTER(S)** | **POSITIONS HELD** |
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Honors & Awards

*Please include the names of any honors and/or awards you have received during your time at Truman. These awards are not limited to those given by the University.*

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| **HONOR/AWARD** | **DATE RECEIVED** |
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Experience

*Do you have any experience in the field of Health & Exercise Science such as (but not limited to): research, internships, shadowing, or H.E.S. Field Experience? If so, please indicate below and give brief description.*

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| **EXPERIENCE** | **DATE** | **DETAILS** |
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Personal Statement

***Phi Epsilon Kappa is a Professional Honors Fraternity for students who are majoring in Health Science, Exercise Science, or Athletic Training. It is operated in such a manner that the Fraternity be of a continuing benefit and service to Education and related fields of Health and Exercise.***

***The purpose of this organization is not only to honor the initiated members for their hard work and dedication to the field, but to create a brotherhood which instills the desire to continue to achieve in this area, and serve the community that surrounds it.***

***In the area below, please write a paragraph telling us what sets you apart from the other applicants and what you can bring to our growing organization.***

Type Statement Here.

Waiver

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Phi Epsilon Kappa Executive Committee permission to verify my G.P.A. with the Registration Office for the purposes of evaluating my Fall 2016 Phi Epsilon Kappa Organization Application.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document of Sponsorship

*Please have a H.E.S. Professor/Advisor or a current active member in good standing complete the following document and submit it separately to the H.E.S. Division Office by Wednesday, September 23rd.*

*(This Sponsorship page may be filled out by hand).*

Name of applicant:

Name of sponsor:

Relation to applicant:

On the rating system below, please indicate the appropriate level at which the applicant's displays a particular characteristic.

1 = VERY POOR, 5 = VERY GOOD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Punctuality** | 1 | 2 | 3 | 4 | 5 |
| **Drive** | 1 | 2 | 3 | 4 | 5 |
| **Responsibility** | 1 | 2 | 3 | 4 | 5 |
| **Interest in major** | 1 | 2 | 3 | 4 | 5 |

Any addition comments about the applicant?

Sponsor Signature:

Date:

Please return to H.E.S. Division office by Wednesday, September 23rd by 5:00 pm. Thank you!