



**COLLEGE of  
CENTRAL  
FLORIDA**  
—an equal opportunity college—

**CF HONORS INSTITUTE:  
A COMMUNITY OF SCHOLARS  
APPLICATION FOR TRACK 1 MEMBERSHIP**

**Directions:** Send the following: 1) This completed application; 2) An **official** copy of your high school transcript; 3) Two letters of recommendation from current or former instructors and 4) The Track 1 Evaluation and Recommendation form completed, signed and placed in a sealed envelope by your guidance counselor. All items should be sent to Ron Cooper, director, Honors Institute, at the address below. Incomplete applications will not be considered. **The deadline is March 1, 2018.**

PLEASE TYPE OR NEATLY PRINT. USE ADDITIONAL PAPER IF NEEDED.

**Student ID No.:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**Mailing Address:** \_\_\_\_\_  
Street/P.O. Box City State Zip Code

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Weighted GPA:** \_\_\_\_\_

**Ranked No.:** \_\_\_\_\_ of \_\_\_\_\_ students (if known) **Test Scores:** SAT \_\_\_\_\_ ACT \_\_\_\_\_ PERT \_\_\_\_\_

Please list your senior year courses and grades. (If currently enrolled at CF, list those courses, as well):

What college degree are you seeking? A.A.  A.S.  Area of Interest: \_\_\_\_\_

When do you plan to enroll at CF? \_\_\_\_\_ When do you plan to graduate from CF? \_\_\_\_\_

List all scholarships, awards and other honors you have received:

Discuss the importance of a college education and how it relates to your goals. Please use a separate sheet of paper if necessary.

What do you hope to receive from the Honors Institute program? Please use a separate sheet of paper if necessary.

What do you hope to give to the Honors Institute program and to CF? Please use a separate sheet of paper if necessary.

I understand that my application, transcript and letters of recommendation will be reviewed by a CF scholarship review panel. I certify that all of the information listed above is correct.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

Mail or deliver to: Ron Cooper, Building 2, Room 115, College of Central Florida,  
3001 S.W. College Road, Ocala, FL 34474-4415.