



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

**HONORS INSTITUTE:
A COMMUNITY OF SCHOLARS
APPLICATION FOR TRACK 2 MEMBERSHIP**
(for all applicants other than high school students)

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: _____ **GPA:** _____

Please list the courses in which you are currently enrolled:

What college program of study are you pursuing? _____

If you are not a CF student, when do you plan to enroll at CF? _____

When do you plan to graduate from CF? _____

Indicate the CF organizations/activities in which you participate as an active member: _____

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

Discuss the importance of your educational experiences in your life.

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.