

HONORS PROGRAM APPLICATION



Term for Which You Are Applying: Fall Spring Year: _____

First, Middle and Last Name _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone Number _____

Email _____ SCC Student Email _____

Date of Birth _____ Student ID _____

High School Attended _____ Graduation Date (or anticipated date) _____

ACT or SAT Composite Score _____ Country of Citizenship _____

Please provide us with additional information about your academic experiences. Your answers will help us get a better sense of your academic goals.

Intended Major or Areas of Interest: _____

Special High School Courses Taken for Advanced Placement, Honors or College Credit:

Extracurricular Activities: _____

Awards, Honors or Scholarships Awarded: _____

Is there anything else you would like the Honors Council members to know about you in preparing their assessment?

Signature _____ Date _____

Parent's signature (If under 18) _____