



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

**COMMUNITY OF SCHOLARS HONORS PROGRAM  
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: Mike Shuler, Building 31, Room 108, College of Central Florida,  
 3001 S.W. College Road, Ocala, FL 34474-4415.