

Honors Student Association

Application of Interest

To join HSA, please complete this *Application of Interest* so that we may have a record of your contact information and interests.

| | |
|---------------------|-----------------------|
| Name: _____ | Campus Address: _____ |
| Phone Number: _____ | E-mail: _____ |
| Major: _____ | Year: _____ |

Please rank your interest in the following service areas, with number one being the highest:

- | | |
|-----------------|-----------------------|
| ___ Animals | ___ Hunger & Homeless |
| ___ Children | ___ Older Adults |
| ___ Environment | ___ Women's Issues |
| ___ Health | ___ Other: _____ |

1. Please list the activities and student organizations you have most enjoyed over the last two years:

2. What do you hope to gain from membership in the Honors Student Association?

Please send the completed application to:
Brooke Cunningham, HSA President
Honors Program Office
Academic Village—Honors, Campus Delivery 1025