KINGSBOROUGH COMMUNITY COLLEGE

Honors Program Representatives Application

DIRECTIONS: Print one letter or number in each box. Leave a blank box to indicate a space.

SECTION A - STUDENT INFORMATION

Last Name **First Name**

Street Address **Apt. #**

City **State** **Zip** **Area Code** **Home Telephone #**

E-mail Address

Date of Birth **Sex (M or F)** **Social Security #**

mm dd yy

Country of Origin

Are you a U.S. Citizen?

☐ **Yes** **If not, please state: U.S. Permanent Resident** _____ **Temporary Visa Type** _____

Other, please explain _____

Race (optional) ☐ **Black/Non-Hispanic** ☐ **Asian or Pacific Islander** ☐ **White/Non-Hispanic**

☐ **Hispanic** ☐ **American Native or Native Alaskan** **Other** _____

SECTION B - COLLEGE INFORMATION

Semester Admitted to KCC _____ **Anticipated Date of Graduation** _____

Number of Credits Completed to Date at KCC _____

Number of Credits Transferred from other Colleges _____

Total Credit Accumulation _____ **Overall GPA** _____ **Major** _____

Personal Statement: Attach a 1-2 page typed, double-spaced letter than explains why you are interested in becoming a Kingsborough Honors Program Representative. what special talents and/or skills you will bring to the program (i.e., good math or science skills, etc.) and what you expect to do upon graduating from Kingsborough.

Extra-curricular Activities: Attach a separate sheet that lists all non-classroom activities you have done at the college and/or in your community that demonstrate a commitment to service, leadership and teamwork; include dates of participation.

Letter of Recommendation: Submit one letter from a Kingsborough faculty or staff member that attests to your leadership abilities, communication skills and/or commitment to service.

RETURN COMPLETED APPLICATION TO:

Dr. Rachelle Goldsmith, Honors Program Director
Room M377B
Kingsborough Community College
2001 Oriental Blvd.
Brooklyn, NY 11235 Telephone:718-368-5365 Fax:718-368-6688

CUNY The City University of New York