

Application for Admission FCCJ Honors Academy

Please print. Use ballpoint pen and press down to copy through all sheets.

Student Information

Student Name: _____ Social Security Number: _____

Address: _____ Daytime Telephone: _____

City, State, ZIP: _____ Evening Telephone: _____

E-mail Address: _____ Other Telephone: _____

Academic Information

Intended Academic Major: _____

Intended Profession/Occupation: _____

Current College Student

College: _____ Completed Credits: _____

City: _____ Grade Point Average (cumulative): _____

Dates Attended: _____

Scholastic honors or scholarships received:

Current High School Student

High School: _____ Grade Point Average (unweighted): _____

City: _____ High School Rank (%): _____

Expected Graduation Date or Year Graduated: _____ SAT Scores: _____

SAT Total: _____

*New students without SAT or ACT comparable scores must complete the
College Placement Test.*

SAT Verbal: _____

ACT Composite Score: _____

Student's Signature: _____ Date: _____

Include the Following with Your Completed Application:

1. A copy of your high school *or* college transcript.
2. A copy of your SAT or ACT scores (optional) or a copy of your CPT scores (if first-time student without comparable SAT or ACT scores).