



# Application for Membership

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cohort:  MHC  BS  PS

Class:  FRO  SOPH  JUN  SR

How many honors courses have you taken in total (counting this semester)?

What other activities or organizations are you involved with at present?

Why would you like to be a member of the Honors Student Council?

What strengths will you bring to the Council?

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*If additional space needed, write on back or attach extra sheets*

**Questions or Suggestions?**

Email us at: [baruchhsc@gmail.com](mailto:baruchhsc@gmail.com)