

Honors Program Application Personal Information Sheet

Applicant's full legal name			
AWC ID #	Date of Birth Email _		
Address	City	State	Zip
Telephone Number	(secondary)		
High School(s) attended:			
Name	City	State	
Name	City	State	
Year of graduation	_		
College(s) or University Attended			
Name	City	State	
Name	City	State	
Intended major area of study	Transfer degree so	ught, if known	(S)
Have you completed your FAFSA? (Please f	Il one out regardless of scholarship needs,) Yes No Internati	onal (no FAFSA required)
Which measure of academic performance	qualifies you for the Honors Program ((mark at least one)	
High School Students:	% of my graduating class, i.e., my cumulative	• •	centile is in the top %
AWC Students: College GPA	(minimum of 3.5 GPA after 12	credit hours)	
All of the information above is correct	to the best of my knowledge:		
Signature	Date		

EMAIL this application to: *honors@azwestern.edu*