



**HONORS SCHOLARSHIP APPLICATION**  
**Parkland College**

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

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Status: Freshman / Sophomore      Date: \_\_\_\_\_

Semester for which funds are requested: Fall / Spring    Year: \_\_\_\_\_

If this a request for the graduation scholarship, indicate when you will graduate:

Fall / Spring    Year: \_\_\_\_\_

Please list all the A with Honors Classes and the Honors Classes you have completed or are in the process of completing:

CLASS	DATE COMPLETED / IN PROGRESS

Signature: \_\_\_\_\_

***Please return this form to***  
Dr. Marsh W. Jones, Director of Honors,  
Social Sciences and Human Services, D-179, 2400 W. Bradley Avenue,  
Champaign, IL 61821

**HONORS PROGRAM USE:**

APPROVAL: _____	DATE: _____
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