Honors Student Association

Application of Interest

To join HSA, please complete this *Application of Interest* so that we may have a record of your contact information and interests.

Name:_____ Campus Address: _____
Phone Number: _____ E-mail: _____
Major: _____ Year: _____

Please rank your interest in the following service areas, with number one being the highest:

___Animals
___Hunger & Homeless
___Children
___Older Adults
___Environment
___Women's Issues
___Health
___Other: _____

1. Please list the activities and student organizations you have most enjoyed over the last two years:

2. What do you hope to gain from membership in the Honors Student Association?

Please send the completed application to:
Katie Heitz, HSA President
Honors Program Office
Academic Village—Honors, Campus Delivery 1025