

# Community of Scholars Membership Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
WSU ID (i.e. 004123456)	
WSU Access ID (e.g.,ab1234)	
Current cumulative G.P.A.	

## Semester applying (Check one)

Fall

Winter

Spring

Academic Year 20\_\_\_\_\_

## Current WSU Student?

Yes

No

\*Transfer Student  
from: \_\_\_\_\_

## Interests

Tell us in which areas you are interested in volunteering

Administration/Clerical

Community

Animals

Fundraising

Children & Youth/Tutoring/Mentoring

Arts/Culture

Health Care

Volunteer coordination

Other (Please explain) \_\_\_\_\_

### Special Skills or Qualifications

List any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Community of Scholars member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Items to be included in your application:

1. Copy of your current college transcript displaying a cumulative G.P.A. of 3.0 or higher.
2. A 500 word (max.) response to the prompt: *To me, Detroit is...*

Applications may be submitted to the Honors College in 2100 Undergraduate Library, by fax to (313) 577-6425 or via email to [scholars@wayne.edu](mailto:scholars@wayne.edu)

Thank you for completing this application form and for your interest in becoming a Community of Scholars member.

For office use only:

G.P.A. \_\_\_\_\_  
EMAIL SENT \_\_\_\_\_  
DATE APPROVED/DENIED \_\_\_\_\_  
STAFF INITIALS \_\_\_\_\_