



## EARL LESTER COLE HONORS COLLEGE

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Grambling, Louisiana 71245

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### MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK

G# \_\_\_\_\_

Application Term: ☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

Name: \_\_\_\_\_ Sex: ☐ M ☐ F  
Last First Middle

Permanent/Home Address: \_\_\_\_\_  
Street City State Zip Code

Local Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Permanent/Home Telephone # \_\_\_\_\_ Local Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Veteran: ☐ Yes ☐ No  
Month Day Year

Parent/Guardian/Emergency Contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

I have been awarded a scholarship(s): Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type of Scholarship(s) (Name) \_\_\_\_\_

Name of High School: \_\_\_\_\_ Principal \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Academic Ranking: GPA – High School: \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

Rank \_\_\_\_\_ in High School Class of (Give Number) \_\_\_\_\_ College GPA \_\_\_\_\_

Service Organizations, Volunteerism, etc.: \_\_\_\_\_

**Each Applicant must submit (3) Letters of Recommendation by persons who know you well, preferably at least (2) from faculty members.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Office Use Only:** Application Date: \_\_\_\_\_

Date Entered: \_\_\_\_\_