

National Honor Society Application

Please complete all fields within the following application, incomplete applications will not be considered by the faculty council.

In addition to completing the Candidate Information Form, students applying to National Honor Society are encouraged to have two faculty evaluation forms. These forms can be found at the end of this application. Please provide hard copies of this form to any current or former teachers and have them return the form to Ms. Shaw (room 1219) by Wednesday, November 7th.

Please keep in mind that National Honor Society was founded to honor students already showcasing the four pillars of NHS: academics, community service, leadership and character. In your application you should focus on what you have done within each of these fields to prove you are an eligible candidate!

National Honor Society
Candidate Information Form

Completion of this form does not guarantee selection for the National Honor Society

Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Grade:** _____

1st Period Class: _____ **Teacher:** _____ **Room:** _____

Directions: Please complete all sections. You may type or write in blue or black ink; however, the information must be legible. **Do not be modest; every bit of information can be used by the Faculty Council to assist in the selection process.** To be considered for membership, please complete this form and return it to _____ by _____.

Forms received after this date/time or with incomplete information will not receive consideration for membership.

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Please provide a short personal statement in the space provided. It may be advice recalled from a role model, a personal philosophy or a quote for success.

Period	Class	Teacher	Room
1			
2			
3			
4			
5			
6			
7			

Notes:

(for Faculty Council use only)

Extra-curricular Activities and Leadership Positions: List all activities in which you have participated during high school. Include clubs, sports, musical groups, church activities, work experiences, etc. Indicate major accomplishments and leadership positions. **It is imperative that you list the duration of involvement as well as duration of the leadership position.** Please add an additional sheet if necessary.

Activity	Year(s)				Accomplishments	Leadership Positions Duration of Involvement Duration of Leadership
	9	10	11	12		

Service Activities: List all activities in which you have participated to support and improve your community. Note any major accomplishments. Documenting evidence is required that will include how many hours you volunteered and the signature and phone number of an adult sponsor. **REMEMBER: Service Activities are volunteered time and work which is nonpaid.** Examples may include working at a homeless shelter, in a nursing home, or working with a group of youngsters where you are not paid for your services. Please add an additional sheet if necessary.

Community Activity	Volunteer Hours Per Year				Accomplishments	Sponsor Signature/ Phone Number
	9	10	11	12		

Leadership Activities: List all leadership positions you have held. Note any major accomplishments and provide specific information on why these positions should be considered leadership positions. Indicate how you organized and managed a group of people. **Please remember that the position has to be sustained, meaning that it must be for more than a few days- this should be listed under Duration of Position.** Please provide the name and phone number of a sponsoring adult. Please add an additional sheet if necessary.

Leadership Activity	Volunteer Hours Per Year				Accomplishments	Sponsor Signature Phone Number
	9	10	11	12		

Recognition and Awards: List all honors and recognitions you have received. Please add an additional sheet if necessary.

Recognition, Award	Year				Description	
	9	10	11	12		

Other:

1. Have you had any (high school) suspensions, code of conduct violations, or detentions? If so, indicate the year and offer an explanation. Also, please list any special circumstances that the Faculty Council should consider.

Year: _____

Explanation: _____

2. Are you currently on or have you been on a reduced class schedule? _____ Yes _____ No

If yes, what year? _____

What was your schedule? _____

What was the reason (s) for the reduced schedule? _____

3. How would you like to continue your volunteer activity (ies) while a member in NHS? _____

4. Please list the names of faculty members who are completing recommendation forms for you: _____

The information on this form is true to the best of my knowledge. If selected, I understand the requirements described in the attached cover letter. I accept the rights and responsibilities of being a member.

 Student Signature

 Parent/Guardian Signature

 Date

National Honor Society Faculty Evaluation Form

Name of Student: _____

Name of Faculty Member: _____

Please indicate the course and grade or courses and grades in which you taught this student

Grade	Course or Courses
9	
10	
11	
12	

Please determine a rating for this student using the following scale:

1- Below Average 2- Average 3- Above Average 4- Outstanding N/A- Unknown

Please base your evaluation on the National Honor Society student characteristics described below:

Service: This quality is defined through the voluntary contributions made by a student to the school or community, done without monetary compensation, and with a positive, courageous, and enthusiastic spirit.

Leadership: Student leaders are those who are resourceful, good problem solvers, promoters of school activities, idea-contributors, dependable, and persons who exemplify positive attitudes about life.

Leadership experiences can be drawn from school or community activities while working with or for others.

Character: The student of good character upholds principles of morality and ethics, is cooperative, demonstrates high standards of honesty and reliability, and shows courtesy, concern and respect for others.

	Below Average	Average	Above Average	Outstanding	Unknown
Service	1	2	3	4	N/A
Leadership	1	2	3	4	N/A
Character	1	2	3	4	N/A

If you evaluate a student as below average in any category, please document the reason for your evaluation.

Signature of Faculty Member _____ Date _____

Please return this faculty evaluation form to the advisor of the National Honor Society chapter.

