NATIONAL HONOR SOCIETY
COMMUNITY ACTIVITY VERIFICATION FORM

FOR THE STUDENT:

Student Name: _____ (please print)

Sponsor Name: _____ (please print)

Organization Name/service: _____

TOTAL HOURS: _____

Specific dates of participation: _____

_____ (grades 9-11 only)

Please describe in detail everything that you have done for this activity and any leadership role that you held during the activity. The more descriptive you are regarding exactly what you did, the more points the Faculty Council can award.

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FOR THE SPONSOR:

Please verify that all of the above information is true to your knowledge. Below, feel free to add anything that the student has not included above or to tell us about any discrepancies. Please feel free to attach additional information.

_____

_____

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_____

Sponsor Signature: _____

Phone Number: _____ Email: _____

This form is **CONFIDENTIAL. Please DO NOT return it to the student.**

Please mail to: Mary Ann Sankey/Suzanne Stafford National Honor Society Sponsors
c/o Mt. Hebron High School

9440 Old Frederick Road
Ellicott City, MD 21042
Fax: 410-313-2543
Email: Mary_Sankey@hcpss.org Suzanne_Stafford@hcpss.org

Please postmark no later than: _____April 27th, 2020_____