

Mt. Hebron Chapter of the National Honor Society

Student Information Form for Selection into NHS

Directions: Please complete all sections. Do not be modest; every bit of information can be used by the Faculty Council to assist with the selection process. Completion of this form **does not** guarantee selection or admittance into NHS. ***Please print very neatly in pen.***

I. Administrative Information

A. Full Name: _____ Current Year/Grade: _____

B. Preferred first name, if any: _____

II. In-School Activities

List all activities in which you have participated during high school whether at Mt. Hebron or another school. Include clubs, teams, musical groups, etc., and major accomplishments per category. You did not have to hold a leadership position in order to include the activity, but in the description section, you should also describe in detail anything else that your activity or organization has done above and beyond typical practices, games, or club meetings. You must include contact information **and a signature from** your sponsor/coach so that we can verify your participation in these activities. Feel free to attach additional sheets if necessary.

In-School Activity/Organization	Year/Grade			Description	Hours/Days Per Week/Month	Verification: Sponsor/Coach Name, Email Address, & SIGNATURE
	9	10	11			
<i>Sample: JV basketball</i>	X	X		<i>Along with games and daily practices, my team did a fundraiser for children with cancer. Also, I was captain of the team during my sophomore year where I was able to lead the team both on and off the court.</i>	<i>Daily practice during the season; games 2-3 times per week</i>	<i>Coach XYZ coachXYZ@hcpss.org Coach XYZ</i>

III. Community Activities

List all community activities in which you have participated and any major accomplishments in each. These should be activities outside of school in which you participated for the betterment of your community and for or on behalf of others (not including family members) during your time in high school only. Please **do not** include any activity for which you have received compensation (monetary or otherwise) since these types of activities are not considered service. In order to verify your participation for documentation purposes, please print and give out a community evaluation form to each activity on the list below. Fill out the student portion first, and the community sponsor will return the form to us. Any activity listed below that does not have an accompanying community form, **will not** be considered toward your total points.

Community Activity & Organization	Year/Grade			TOTAL Hours/Days Per Week/Month	Verification: Sponsor Name, & Email Address
	9	10	11		
<i>Sample: Vacation Bible School volunteer at Bethany UMC</i>	X			<i>2 weeks: 7/7/14-7/18/14, 3 hours per day (30 hours total)</i>	<i>Sponsor XYZ sponsorXYZ@organization.org</i>

IV. Additional Information

List below any work experience, additional activities, services, awards, etc., that you have received that might influence the NHS Faculty Council in evaluating your eligibility. Please feel free to explain if you believe there might be extenuating circumstances in your particular situation. Feel free to attach additional sheets if necessary.

I would like to request an interview with the NHS Faculty Council. Please only check this option if you have circumstances not listed on this application that you need to explain to the council. Selecting this option is not to have a candidate interview.

VI. Teacher Evaluations

List below the five teachers to whom you gave evaluation forms:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

VII. Disciplinary Experience

Have you received **ANY** disciplinary referrals, **detentions**, or **a grade reduction** for academic dishonesty in high school?

_____ Yes _____ No

If you checked "Yes", please describe the incident(s), the outcome, and what you learned from the experience on an attached sheet of paper.

VIII. Honor Code Statement

I _____ (print name) understand that completing and submitting this form does not guarantee selection to the National Honor Society. I attest that all information included in my selection materials is complete and accurate to the best of my knowledge, and all selection materials have been carefully reviewed by both my parent/guardian and me. If selected, I agree to abide by the chapter standards and criteria listed on the front page of the selection materials and to fulfill all of my membership obligations to the best of my ability.

Student Signature

Date

I have read the information provided by my son/daughter on this form and can verify that it is accurate and complete. I understand that if my student is selected for NHS membership that he/she must abide by all of the chapter standards and guidelines listed on the front page of the selection materials in order to maintain membership.

Parent/Guardian Signature

Date

