Suring High School Chapter of the National Honor Society



Directions: Please complete ALL sections. Submit all information by the deadline. Neatness, spelling and grammar will be considered. Do not be modest – make sure to emphasize the great things you have done! Every bit of information will be used by the Faculty Council to assist with the fair consideration of your candidacy during the selection process.

Completion and submission of this form does not guarantee selection. Should you have any questions, please contact Mrs. Thomson, Suring NHS Advisor. **Deadline for the application is Friday, September 30 at 3:20 – NO EXCEPTIONS!**

I.	Applicant Information		
	Applicant Name	Current Grade Level	

II. Leadership Positions: Please list all elected or appointed leadership positions or other positions of responsibility held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included. Examples include an elected officer for your class or club – Trees for Tomorrow, tutoring or other community leader position. Please include the name of the adult responsible for supervising your leadership in each position.

Year (9 – 12)	Leadership Position	Activity/Organization	Supervising Adult Name/Phone Number

can be individual or group service projects done either in or out of school. Generally, service activities are those that are done for or on the behalf of others (not including immediate family members) for which no compensation (monetary or otherwise) has been given. Please list the name of the adult supervisor who can verify your participation in each activity and also list the estimated number of hours you invested while performing this service.		
activities are those that are done for or on the behalf of others (not including immediate family members) for which no compensation (monetary or otherwise) has been given. Please list the name of the adult supervisor who can verify your participation in each activity and also list the		

Year (9 – 12)	Services Performed and Estimate of Hours	For Whom? Organization/Individual	Supervising Adult Name/Phone Number

IV. Other Student Activities: Please list all other school activities (that aren't already listed on the application) in which you have participated. Examples include clubs, teams, musical groups, etc. and any significant accomplishments in each.

Year (9 – 12)	Describe Participation/ Accomplishment	For What Club/Team/Group, etc.?	Supervising Adult Name/Phone Number

ar (9 – 12)	Describe Activity	For what group?	Supervising Adult Name/Phone Number
and you clubs parti	per Community Activities: Please note any accomplishments in ear participated for the betterment of a sponsored outside the school cipation already listed on other activity.	ach. These should be any activ of your community. Examples of like Boy Scouts, Girl Scouts, 4	vities outside of school in which could include religious groups, H, etc. Do not repeat

Year (9 – 12)	Describe Activity	For what group?	Supervising Adult Name/Phone Number
L	<u> </u>		

VI. Work Experience, Recognition, and Awards: Although this is not a specific criterion for membership, please list below any job experiences, honors, or recognition that you have received that support your candidacy for membership in the Suring National Honor Society. Work experience may be paid or volunteer.

Year (9 – 12)	Description of Experience, Honor, etc.	For doing what or for whom?	Supervising Adult Name/Phone Number

- **VII. Personal Statement:** In a short statement (maximum 125 words), please explain to the NHS Faculty Committee why you would be a good addition to the Suring Chapter of NHS. This statement should be **word processed** and attached to this application.
- VIII. Character Recommendations: The purpose of this evaluation is to determine how certain elements of character define the applicant. Please ask three (3) adults not relatives to complete this form for you. Two of the character recommendations must be completed by Suring staff members (high school recommended). At least one of these recommendations should be completed by a person in charge of an activity (coach or adviser) in which you are involved. Please be sure that each person who completes the character recommendation prints his/her name and includes a phone number where he/she can be reached should any questions arise. Please note that the three character recommendation forms with envelopes are provided with this application. These recommendations should be returned directly to Mrs. Buettner by the person completing the recommendation.
- IX. Signatures: I understand that completing and submitting this form does not guarantee selection to the Suring Chapter of the National Honor Society. I attest that the information presented here is complete and accurate. If selected, I agree to abide by the standards and guidelines of the chapter and to fulfill all of my membership obligations to the best of my ability. I also understand that my membership is not official until I have been officially inducted to the NHS. If any of the criteria drop below the required guidelines of the local chapter, my invitation for membership will be revoked.

Student Signature	Date
I have read the information provided by my is true, accurate and complete.	son/daughter on this form and can verify that it
Parent Signature	 Date