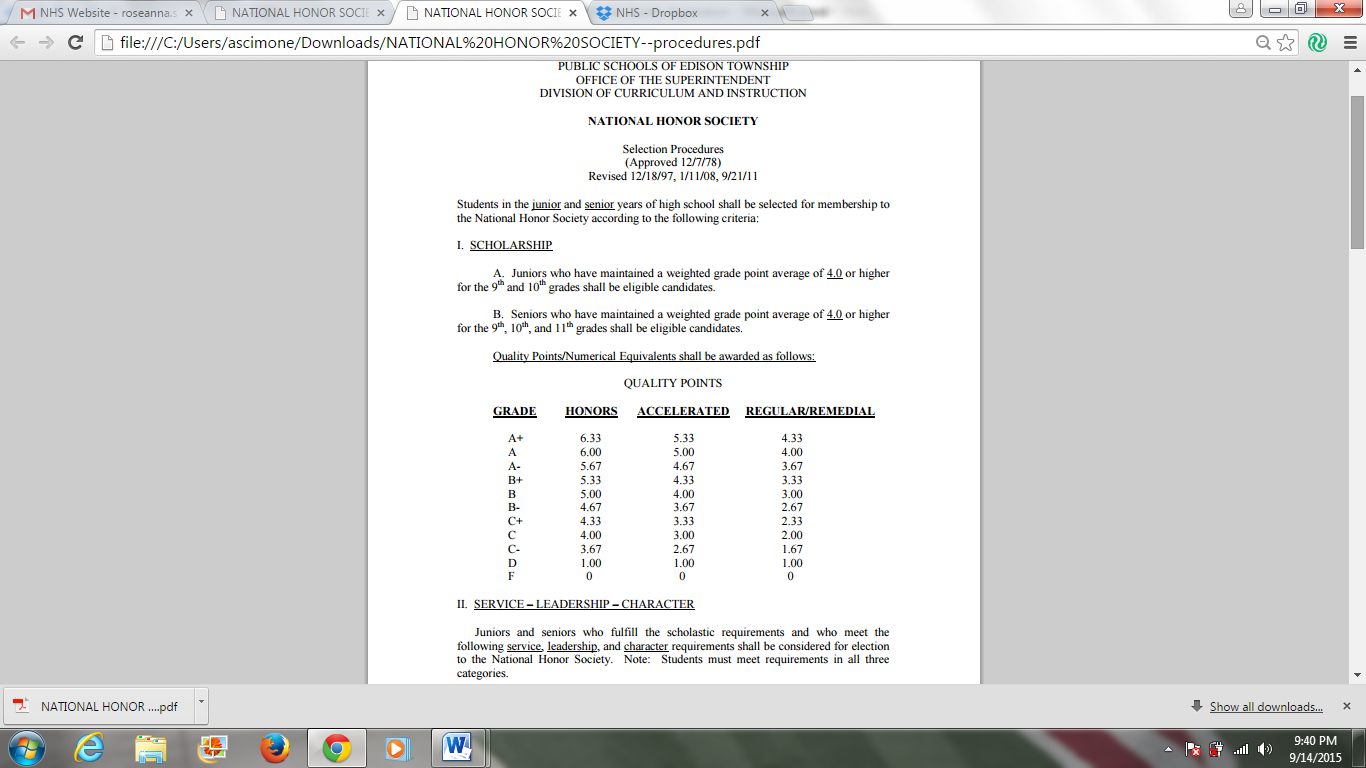
Please modify this application in a word document. You may add or delete tables as needed. Once this is completed, acquire the signatures as needed.

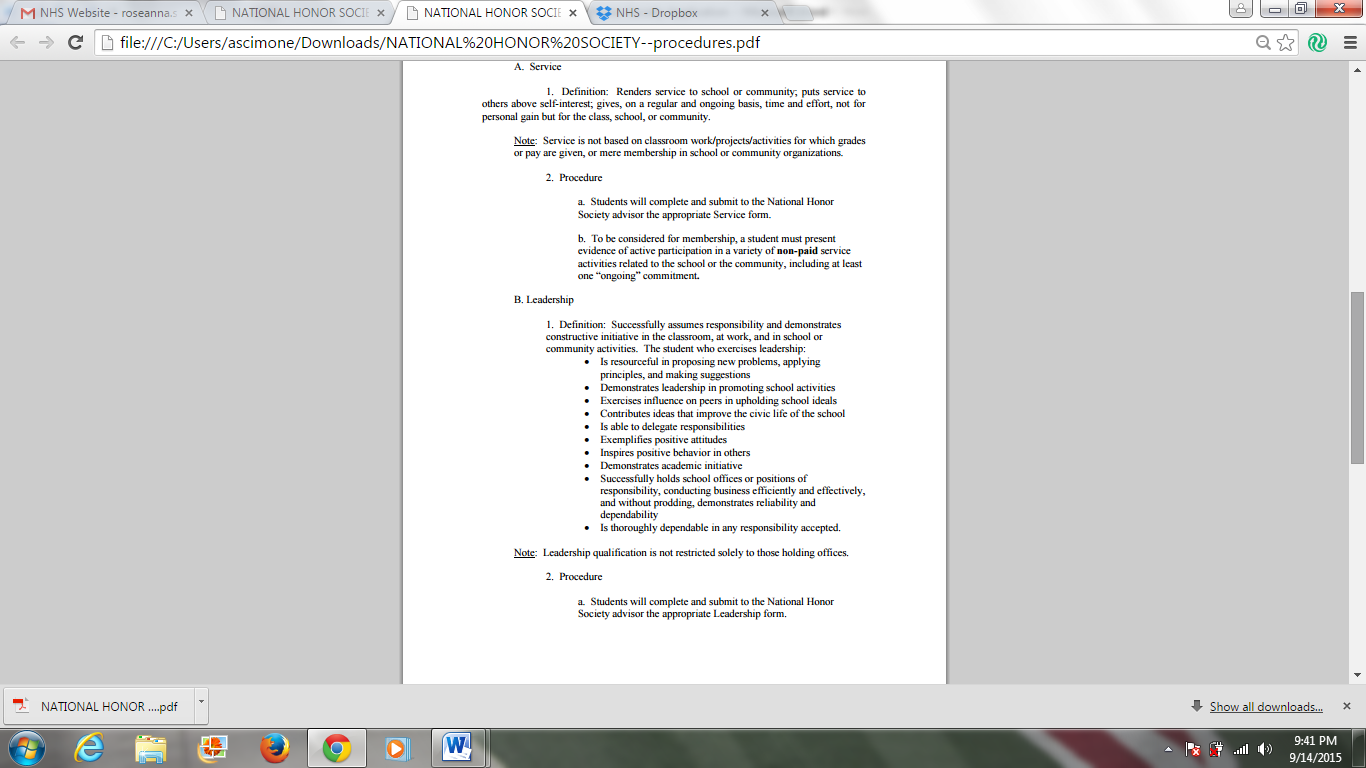
Please return your application in the folder by Oct 6 to Miss Scimone or Miss Andriano’s mailbox.

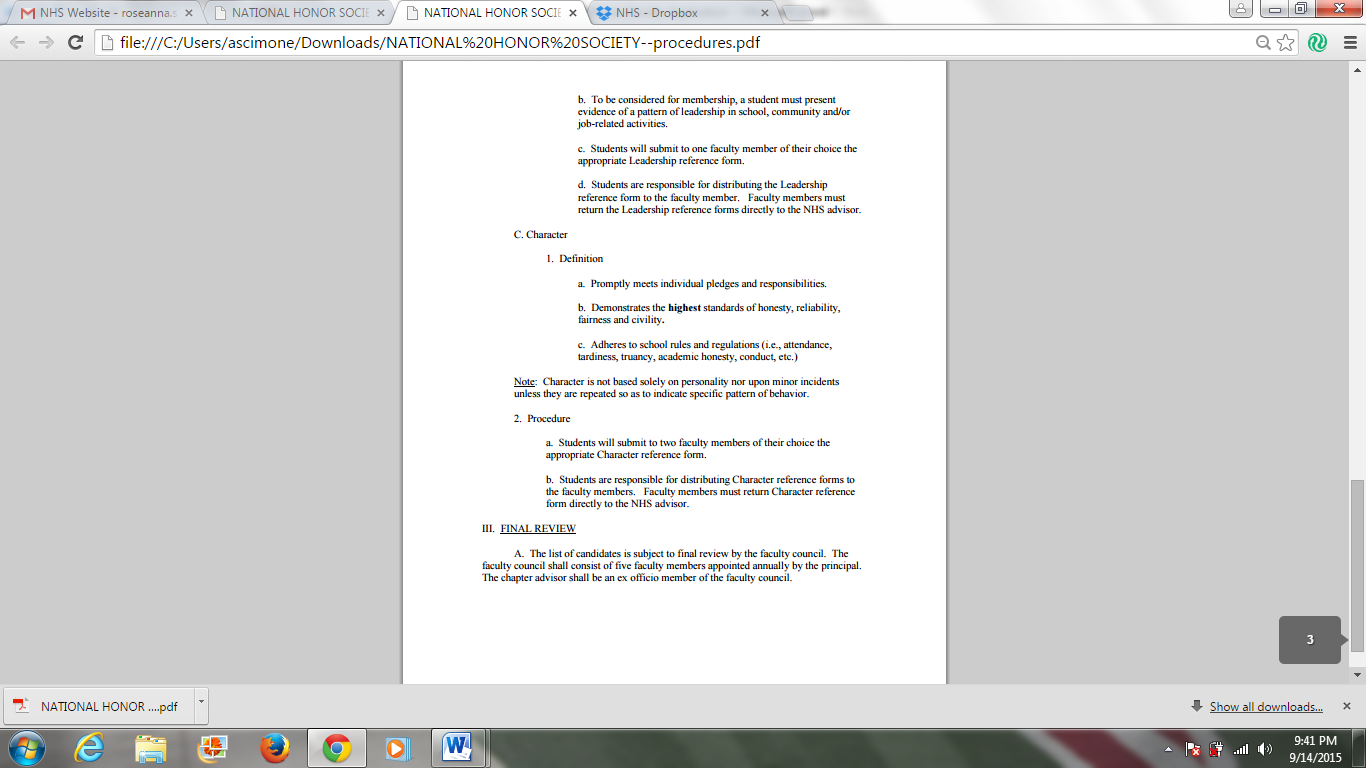
Incomplete or late applications will not be reviewed.

Thanks and good luck!!

Miss Scimone and Miss Andriano







Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 1 Teacher and Classroom :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (print *CLEARLY* ) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIONAL HONOR SOCIETY

SERVICE

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR/1ST PD TEACHER:\_\_\_\_\_\_\_\_\_\_\_\_\_

I: DEFINITION: Renders service to school or community; puts service to others above self-interest; gives (on a regular and ongoing basis) time and effort, not for personal but for the class, school, or community.

Note: Service is not based on classroom work, projects, activities for which grades or pay are given, or mere membership in school community organizations.

II: Procedure

1. In order to be considered for membership in the National Honor Society, you must give evidence of consistent and steady service in a variety of activities within the school or community.
2. The completed Service form must be returned by the candidate to the NHS Advisor.
   1. Note: Completion of this form does not automatically assure admittance into NHS.
   2. ***Falsification of this information will result in automatic disqualification.***

III: Directions:

Service- Briefly explain below those activities which demonstrate service to the school or community by stating specifics tasks performed and total hour input within the organization. For each service listed, obtain the signature of the teacher/advisor sponsoring the activity.

1.

|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |

2.

|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |

3.

|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |

NATIONAL HONOR SOCIETY

LEADERSHIP

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR/1ST PD TEACHER:\_\_\_\_\_\_\_\_\_\_\_\_\_

I: DEFINITION: Successfully assumes responsibility and demonstrate constructive initiative in school and/or the community acti8vityt. Illustrate complete involvement and dedication of time and effort by showing a willingness to spend time in school and/or after school to reach set goals. Leadership qualification is not restricted solely to those holding office.

II: Procedure

1. In order to be considered into member you must give evident of leadership in school or community activities.
2. The completed Leadership form must be returned by the candidate to the NHS Advisor.
   1. Note: Completion of this form does not automatically assure admittance into NHS.
   2. ***Falsification of this information will result in automatic disqualification.***

III: Directions: Leadership-

Describe below the leadership responsibilities you have fulfilled and that illustrate that you have made a difference. Specify exactly what you did as a leader and what goals you accomplished. Explain how your leadership served to better the school and/or community. Estimate the number of hours you put in to reach your goals. Include signatures of teacher/advisor sponsoring the activity. Be sure to include the phone number and email of the community member sponsoring the activity.

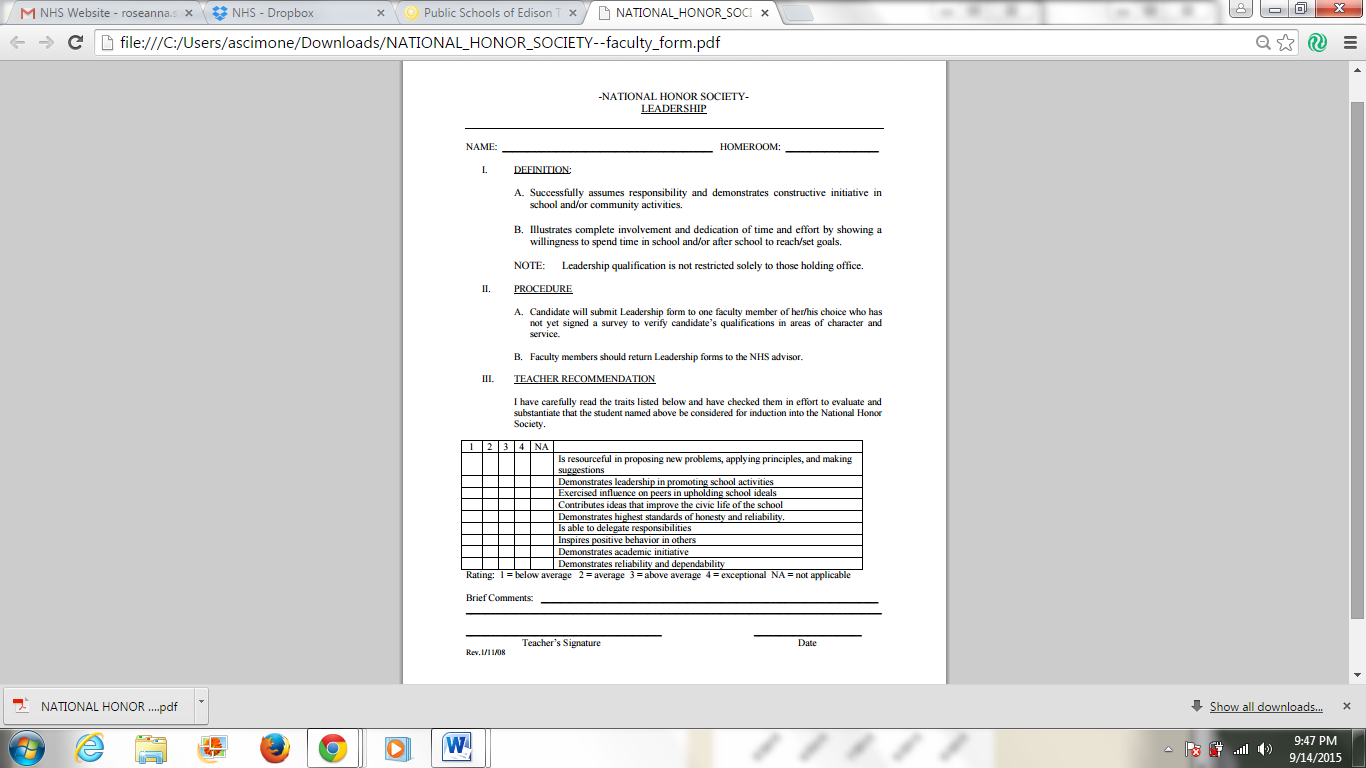
|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |

2.

|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |

3.

|  |  |
| --- | --- |
| Name of Activity |  |
| Description of services  State specific tasks |  |
| Total Hours |  |
| Print Name and Title of Advisor |  |
| Advisor’s Signatures |  |
| Contact (Phone # or email) |  |
| Date |  |



NATIONAL HONOR SOCIETY

CHARACTER

***Two forms required from two different teachers***

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOMEROOM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DEFINITION
2. Promptly meets individual pledges and responsibilities.
3. Demonstrates the highest standards of honesty, reliability, fairness, and civility.
4. Adheres to school rules and regulation (attendance, tardiness, truancy, academic honesty, conduct, etc.)
5. PROCEDURE
6. Candidate will submit Character form to two faculty members of his/her choice who have not signed a survey to verify candidate’s qualifications in areas of leadership and service.
7. Faculty members should return forms to NHS advisor(s).
8. TEACHER RECOMMENDATION

I have carefully read the traits listed below and have checked them in effort to evaluate and substantiate that this candidate be considered for induction into the National Honor Society.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | NA |  |
|  |  |  |  |  | Takes criticism willingly and accepts recommendations graciously |
|  |  |  |  |  | Consistently exemplifies desirable qualities of behavior (cheerfulness, friendliness, poise, stability) |
|  |  |  |  |  | Cooperates by complying with school regulations conserving property, programs, office, halls, etc. |
|  |  |  |  |  | Demonstrates highest standards of honesty and reliability |
|  |  |  |  |  | Shows courtesy, concern, and respect of others. |
|  |  |  |  |  | Observes instruction and rules, punctuality and faithfulness both inside and outside the classroom |
|  |  |  |  |  | Manifests truthfulness in acknowledging obedience to rules, avoiding cheating, and showing unwillingness to profit from the mistake of others. |

Rating 1=Below Average; 2= Average; 3= Above Average; 4= Exceptional; NA= not applicable

Comments:

How strongly would you recommend this student for Edison High School chapter of NHS? *Circle One*

Strongly Recommend Recommend Recommend with Reservation

Teacher Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_