

Northside High School Chapter
National Honor Society
Request for Membership Consideration Application
DEADLINE FOR RETURNING FORM: Thursday, OCTOBER 8, 2020.

Please complete all sections. (Please type or print.) Do not be modest. Every bit of information can be used by the National Honor Faculty Council to assist with the selection process. Completion of this form does not guarantee selection. It is your responsibility to return all information to Ms. Mobley (room 101). If you need additional space for any category, use sheets of paper and attach them to this application. You may also key answers on a computer and attach printouts to this form.

I. Administrative Information

Name _____
 Last Name First Name Middle Name

The name you prefer to be called _____ E-mail for Candidate _____

Grade Level 2020-2021 School Year _____ Shirt Size _____

Names of parents/guardians _____

Name and E-Mail for Parent _____

Telephone--Parent (Home) _____ Telephone--Parent (Work) _____

Address _____
 (Include City, State and ZIP)

II. Co-curricular Activities: List all activities in which you have participated during high school. Include clubs, teams, musical groups, etc., and major accomplishments in each.

Activity	Year				Accomplishments
	9	10	11	12	

V. **Awards or Recognition. List any awards or other recognitions received.**

Awards and Recognitions	Year			
	9	10	11	12

VI. **Personal Statement: Briefly explain why you feel you are an excellent candidate for the National Honor Society and what you will do as a member to maintain the high standards of this organization. TYPE your response and attach to this application. You should write a *minimum* of 100 words. Do not focus on your grades. Focus on character, leadership, and service.**

Make sure to complete the included Community Service Documentation Sheet and attach it to your application.

Turn the forms in to Ms. Mobley in Room 101 by October 8th, no exceptions.

Make sure the Teacher Recommendation Forms have been turned in to the teacher with plenty of time for the teacher to complete and return.

Student: _____ Northside High School – National Honor Society

Community Service Documentation Sheet

Juniors need 25 total hours due by October 8, 2020; seniors need 50 total hours by October 8, 2020.

(Magnet “non-donation related” hours can be used.)

- Please use this form to keep up with community service from high school. Completed forms must be submitted to Ms. Mobley in room 101.
- If you are working with various contact people, be sure they sign the sheet and provide contact information so that hours can be verified if needed.
- If you have it, please attach documentation of your service hours. However, still include the hours and event on this sheet. In the “Contact Information/Telephone Number” box, write “Attached.”
- Please note: Community service is volunteer and not paid. National Honor Society does not accept “donated items” as service hours.
- **ADD UP THE TOTAL SERVICE HOURS IN THE SPACE PROVIDED.**

Date	Start Time	End Time	Hours (for the day)	Agency/Event Description	Contact Person's Name	Contact Information / Telephone Number
Total Hours						

NHS National Honor Society 2020-2021
Teacher Recommendation Form
FORM #1: CORE TEACHER

Student Name: _____

Teacher Name: _____ Course Student Attended: _____

When do/did you teach this student? _____

Please circle the number that best represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 2. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 3. Is the student capable of balancing NHS duties and academics? | 1 | 2 | 3 | 4 | 5 |
| 4. Is the student respectful? | 1 | 2 | 3 | 4 | 5 |
| 5. Is the student a hard worker? | 1 | 2 | 3 | 4 | 5 |
| 6. Do you recommend this student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

Teacher's Signature _____

Attention Teachers: Please do not give this form back to the student! The form will not be accepted from the student. Please place the form in Ms. Mobley's box or in Ms. Winchester's box.
Thank you for your time.

Students: Please make sure you have given enough time for the form to reach Ms. Mobley or Ms. Winchester by Thursday, October 8th.

If you have any questions, please email Ms. Winchester at Winchester.Sarah.F@muscogee.k12.ga.us.

NHS National Honor Society 2020-2021
Teacher Recommendation Form
FORM #2: ELECTIVE TEACHER

Student Name: _____

Teacher Name: _____ Course Student Attended: _____

When do/did you teach this student? _____

Please circle the number that best represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

- | | | | | | |
|--|---|---|---|---|---|
| 7. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 8. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 9. Is the student capable of balancing NHS duties and academics? | 1 | 2 | 3 | 4 | 5 |
| 10. Is the student respectful? | 1 | 2 | 3 | 4 | 5 |
| 11. Is the student a hard worker? | 1 | 2 | 3 | 4 | 5 |
| 12. Do you recommend this student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

Teacher's Signature _____

Attention Teachers: Please do not give this form back to the student! The form will not be accepted from the student.
Please place the form in Ms. Mobley's box or in Ms. Winchester's box.
Thank you for your time.

Students: Please make sure you have given enough time for the form to reach Ms. Mobley or Ms. Winchester by Thursday, October 8th.

If you have any questions, please email Ms. Winchester at Winchester.Sarah.F@muscogee.k12.ga.us.

NHS National Honor Society 2020-2021
Teacher Recommendation Form
FORM #3: EXTRACURRICULAR SPONSOR

Student Name: _____

Teacher Name: _____ Extracurricular Activity: _____

When do/did you sponsor this student? _____

Please circle the number that best represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

- | | | | | | |
|---|---|---|---|---|---|
| 13. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 14. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 15. Is the student capable of balancing NHS duties and academics? | 1 | 2 | 3 | 4 | 5 |
| 16. Is the student respectful? | 1 | 2 | 3 | 4 | 5 |
| 17. Is the student a hard worker? | 1 | 2 | 3 | 4 | 5 |
| 18. Do you recommend this student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

Teacher's Signature _____

Attention Teachers: Please do not give this form back to the student! The form will not be accepted from the student. Please place the form in Ms. Mobley's box or in Ms. Winchester's box. Thank you for your time.

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