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			
TelephoneParent (Home)		TelephoneParent (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.

		Y	ear		
Activity	9	10	11	12	Accomplishments

III. Leadership Positions: List all elected or appointed leadership positions held in school, community, or work activities. Only those positions in which you were directly responsible for directing or motivating others should be included. For example, elected student body, class, or club officer; committee chairperson, team captain; newspaper editor, work area manager; or community leader.

Year					
Activity	9	10	11	12	Accomplishments

IV. Other community activities: List other community activities in which you have participated and note any major accomplishment in each. These should be any activities outside of school in which you participated for the betterment of your community. For example: church groups, clubs sponsored outside the school, Boy or Girl Scouts, or community art endeavors. <u>Do not repeat participation already listed previously on this form or the Service Hours form.</u>

		Y	ear						
Community Activity	9	10	11	12	Adult Sponsor				

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

		Ye	ear	
Awards and Recognitions	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.

			Juniors 1	need 25 total hours due by Octobe	er 8, 2020; seniors need 50 total h	ours by October 8, 2020.
				(Magnet "non-don	ation related" hours can be used	. <mark>)</mark>
If you neededIf you In thePlease	are working. d. have it, p "Contact note: Contact	ing with valease atta Information	ch docum ion/Teleph service is	ntact people, be sure they sign entation of your service hours none Number" box, write "Att	the sheet and provide contacts. However, still include the hached." nal Honor Society does not a	must be submitted to Ms. Mobley in room 101. ct information so that hours can be verified if nours and event on this sheet. ccept "donated items" as service hours.
Date	Start Time	End Time	Hours (for the day)	Agency/Event Description	Contact Person's Name	Contact Information / Telephone Number
				· · ·		, , , , , , , , , , , , , , , , , , ,
Total	Hours					

Student: ______ Northside High School – National Honor Society
Community Service Documentation Sheet

NHS National Honor Society 2020-2021

Teacher Recommendation Form FORM #1: CORE TEACHER

Studer	nt Name:									
Teach	Teacher Name: Course Student Attended:									
When	do/did you teach this student?									
Please	e circle the number that best represents the abo	ove student'	s cha	racter	and a	bilities.	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			
	e provide any additional information that you wanted	would like to	o sha	re abou	ut this	studen	t here. Please be completely honest	in your		

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 may 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.

Teacher's Signature _____

NHS National Honor Society 2020-2021

Teacher Recommendation Form FORM #2: ELECTIVE TEACHER

Studer	nt Name:							
Teach	er Name:	Course Stude	ent A	ttende	d:			
When	do/did you teach this student?							
Please	e circle the number that best represents the abo	ove student'	s cha	ıractei	and	abilities	s. Rank 1 as the lowest and 5 as the	highest.
7.	Does the student follow directions?	1	1	2	3	4	5	
8.	How well does this student interact with others?	1	1	2	3	4	5	
9.	Is the student capable of balancing NHS duties and academics?	1	1	2	3	4	5	
10	. Is the student respectful?	1	1	2	3	4	5	
11	. Is the student a hard worker?	1	1	2	3	4	5	
12	. Do you recommend this student for NHS?	1	1	2	3	4	5	
	e provide any additional information that you value	would like to	sha	re abo	out thi	s stude	nt here. Please be completely hones	t in your

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Teacher's Signature

NHS National Honor Society 2020-2021

Teacher Recommendation Form FORM #3: EXTRACURRICULAR SPONSOR

Student Name:					·				
Feacher Name: Extracurricular Activity:									
When do/did you sponsor this student?									
Please circle the number that best represents the above	student's ch	aracto	er and	abilitie	es. 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 woul recommendation.	ld like to sh	are ab	out thi	is stude	ent here. Please be completely honest in your				

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Teacher's Signature _____