





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 6<sup>th</sup>, 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 50 total hours due by October 6, 2023; seniors need 75 total hours by October 6, 2023.**

**(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. Senior Project hours do not count.
- **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
<b>Total Hours</b>						

NHS National Honor Society 2023-2024  
**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.  
Thank you for your time.

**Students: Please make sure you have given enough time for the form to reach Ms. Mobley by Friday, October 6<sup>th</sup>.**

If you have any questions, please email Ms. Mobley at [mobley.brooke.h@muscogee.k12.ga.us](mailto:mobley.brooke.h@muscogee.k12.ga.us).

NHS National Honor Society 2023-2024  
**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. Thank you for your time.

**Students: Please make sure you have given enough time for the form to reach Ms. Mobley by Friday, October 6<sup>th</sup>.**

If you have any questions, please email Ms. Mobley at [mobley.brooke.h@muscogee.k12.ga.us](mailto:mobley.brooke.h@muscogee.k12.ga.us).

