#### Northside High School Chapter National Honor Society Request for Membership Consideration Application DEADLINE FOR RETURNING FORM: Friday, September 19, 2025

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 2025-2026 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.

		Year								
Activity	9	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.

		Y	'ear	-					
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				

		Ye	ar	
Awards and Recognitions	9	10	11	12
				<u> </u>

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. <u>TYPE</u> 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 Friday, September 19, <u>no exceptions</u>.** 

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:

**Community Service Documentation Sheet** 

Juniors need 50 total hours due by September 19, 2025; seniors need 75 total hours by September 19th, 2025.

(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
Total	Hours	ļ			1	

# NHS National Honor Society 2025-2026 Teacher Recommendation Form FORM #1: CORE TEACHER

Stude	nt Name:								
Teacher Name: Course Student Attended:									
When	do/did you teach this student?								
Pleas	e circle the number that best represents the above stud	lent's c	haracter	and a	abilitie	s. 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, September 19<sup>th</sup>.

If you have any questions, please email Ms. Mobley at mobley.brooke.h@muscogee.k12.ga.us.

# NHS National Honor Society 2025-2026 Teacher Recommendation Form FORM #2: ELECTIVE TEACHER

Student Name	2:						
Teacher Nam	e: (	Course Stude	ent A	ttended	l:		
When do/did	you teach this student?	_					
Please circle	the number that best represents the abo	ve student's	s cha	racter	and al	bilities.	Rank 1 as the lowest and 5 as the highest.
7. Does	the student follow directions?		1	2	3	4	5
8. How y	well does this student interact with others?	-	1	2	3	4	5
	student capable of balancing NHS duties cademics?		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 yo	u 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, September 19<sup>th</sup>.

If you have any questions, please email Ms. Mobley at mobley.brooke.h@muscogee.k12.ga.us.

# NHS National Honor Society 2025-2026 Teacher Recommendation Form FORM #3: EXTRACURRICULAR SPONSOR

Student Name:							
Teacher Name:	_Extracurr	icular A	Activity:				
When do/did you sponsor this student?							
Please circle the number that best represents the al	bove stude	nt's ch	aracter	and a	abilitie	s. 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	s?	1	2	3	4	5	
15. Is the student capable of balancing NHS duties and academics?	5	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. Thank you for your time.

Students: Please make sure you have given enough time for the form to reach Ms. Mobley by Friday, September 19<sup>th</sup>. If you have any questions, please email Ms. Mobley at <u>mobley.brooke.h@muscogee.k12.ga.us</u>.