

Initials \_\_\_\_\_



***APPLICATION FOR ADMISSION 2020***  
**Revere Chapter of the National Honor Society**

**NHS Student Applicant Agreement**

**If I am selected for membership into National Honor Society, then I agree to (check each):**

- Regularly attend NHS meetings and events.
- Perform volunteer service hours and participate in other mandatory NHS Activities.
- I understand that ANY conduct involving dishonesty, cheating, disrespect, bullying, harassment, violence, insubordination, cutting class, nonconsensual sexual contact, weapons, alcohol, drugs, tobacco is unacceptable.
- I understand that this form does not guarantee selection to NHS and that the information is accurate.

\_\_\_\_\_  
**Student Print Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**PARENT: I have read the information provided by my child and verify that it is true, accurate and complete in its presentation. I understand that reasons for non-selection are not disclosed.**

\_\_\_\_\_  
**Parent Print Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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# ***APPLICATION FOR ADMISSION***

## **Revere Chapter of the National Honor Society**

Please complete (*print legibly*) all sections. **COMPLETION OF THIS FORM DOES NOT GUARANTEE SELECTION.** In each of the boxes for the grade level, record the point total for that activity.

**I. CO-CURRICULAR ACTIVITIES:** List ALL activities which are COMPLETED (example, a fall sport that is over counts, but not an ongoing club). Include clubs, teams, etc. from list. You must have signature of the advisor/coach.

ACTIVITY	9	10	11	12	Total	ADVISOR ( <u>Print Name &amp; Signature</u> )

**II. HONORS CLASSES: SKIP this section if your GPA is 3.9+**

List Honors classes that you have completed; you may list both sections of a course on the same line, for example Honors American A + B. You will receive 1/8 point for each completed trimester or semester. The maximum total points that you may receive for honors classes is ONE.

HONORS CLASS	9	10	11	12	Total	TEACHER ( <u>Print Name &amp; Signature</u> )

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**III. COMMUNITY VOLUNTEER AND/OR SERVICE: 10 HOURS MINIMUM / 100 MAXIMUM.** List community activities (individual or group) in which you participated. These activities should have been done on behalf of others (not including your immediate family members) or for the benefit of your community. **You should have received no compensation (monetary or other).** You **MUST** give the name and phone number or address of an adult supervisor who can verify your participation. **Write the number of hours in each grade level. If you cannot get the signature of a supervisor, an attached email that clearly verifies your hours is acceptable.**

**SUPERVISOR (Print Name & Signature & phone number or email)**

Volunteer Group:	9	10	11	12	Total	

**IV. LEADERSHIP: Describe two separate examples of your leadership DURING high school.** In each, choose 2-3 characteristics (below) and explain specifically how the leadership experience related to them. **You must have the signature of an adult (not your immediate family) who can verify description. Use experiences outside of the classroom. Use the back of this paper or type / attach. While spelling, grammar, and writing conventions will not be assessed, poor quality may be considered evidence of a lack of academic care or attention to detail.**

**Examples of leadership characteristics:**

1. Resourceful in proposing solutions to problems, applying principles, making suggestions
2. Demonstrates initiative in promoting school activities
3. Exercises positive influence or inspires positive behavior of peers / upholds school ideals
4. Contributes ideas that improve the civic life of the school
5. Delegates responsibilities
6. Exemplifies positive attitude
7. Demonstrates academic initiative
8. Successfully holds positions of responsibility and conducts business effectively and efficiently
9. Dependable and reliable in any responsibility accepted
10. Is willing to uphold scholarship and maintain a loyal school attitude

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1. Leadership Role: \_\_\_\_\_ Dates / Duration \_\_\_\_\_  
Explanation: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
(Print Name) (Signature) (phone)

1. Leadership Role: \_\_\_\_\_ Dates / Duration \_\_\_\_\_  
Explanation: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
(Print Name) (Signature) (phone)