



Hereford High Chapter of the National Honor Society Candidate Application Form

Directions:

- Complete all items on the application, compose an essay, and obtain teacher recommendation forms.
- Submit a packet including the entire application and all necessary forms in a 9x12 manila envelope to **Mr. Causarano's or Ms. Houseknecht's mailbox by 2:30pm on Friday, January 24, 2020.**

Application Requirements Checklist:

1. 3.30 Cumulative GPA (*minimum*)
2. 94% Attendance Rate (*minimum*)
3. Service Activities completed **during high school** (*minimum of 20 hours – Sophomores, 30 hours – Juniors*)
4. School Involvement & Leadership
5. Community Involvement & Leadership
6. Essay
7. Teacher Recommendation

Completion of this form does not guarantee selection. In addition to having the required GPA, attendance, and service requirements, applicants **must also demonstrate significant accomplishment and/or participation in the all areas indicated on the application form.** All information will be used by the faculty council to assist with the fair consideration of your candidacy during the selection process. Should you have questions about this form, please contact Mr. Causarano (rcausarano@bcps.org), or Ms. Houseknecht (jhouseknecht2@bcps.org).

STUDENT INFORMATION (REQUIRED)

Name _____ Class/Year _____ Homeroom Number & Teacher _____

Address _____

Parent Name _____ Phone number _____

STUDENT AND PARENT SIGNATURES (REQUIRED)

I understand that completing this form does not guarantee selection to the Honor Society and in accordance with the National Honor Society bylaws, there is no appeal process. I attest that the information presented here is complete and accurate. If selected, I agree to abide by the standards and guidelines of the chapter and to fulfill all of my membership obligations to the best of my ability.

Student Name: _____ Signature: _____ Date: _____

I have read the information provided by my son/daughter on this form and can verify that it is true, accurate, and complete.

Parent/Guardian Signature: _____ Date: _____



SCHOLARSHIP (REQUIRED)

Unweighted Cumulative GPA: _____

**NHS requires a 3.30 or higher. Applicants with a cumulative GPA lower than a 3.30 will not be considered.*

Attendance rate for current year: _____%

a. Unexcused Absences: _____

b. Unexcused Late: _____

**Chapter requires a 94% attendance rate. Excused absences SHOULD NOT be used to calculate your attendance rate. Applicants with less than 94% attendance (unexcused only) will not be considered.*

SCHOOL INVOLVEMENT & LEADERSHIP POSITIONS (REQUIRED)

List all **school-based activities (not noted above)** in which you have participated in school. Include clubs, teams, musical groups, etc., and note any appointed leadership positions you have held in these activities. Only specify leadership positions in which you were responsible for directing or motivating others. **Examples:** elected officer for the student body, class, or club; committee chairperson; team captain; newspaper editor. Please include the name of the adult responsible for supervising your leadership in each position. You **MUST** obtain a signature for verification. ***Students must show varied, consistent involvement in their school.***

Activity/Description:			
*Leadership Position:			
Year(s)			Sponsor Name
9	10	11	
			Sponsor Signature
			Email or Phone Number
Activity/Description:			
*Leadership Position:			
Year(s)			Sponsor Name
9	10	11	
			Sponsor Signature
			Email or Phone Number
Activity/Description:			
*Leadership Position:			
Year(s)			Sponsor Name
9	10	11	
			Sponsor Signature
			Email or Phone Number
Activity/Description:			
*Leadership Position:			
Year(s)			Sponsor Name
9	10	11	
			Sponsor Signature
			Email or Phone Number



COMMUNITY INVOLVEMENT & LEADERSHIP POSITIONS(REQUIRED)

List all **community activities** in which you have participated and, if applicable, note any appointed leadership positions you have held in these activities. These should be any activities outside of school in which you participated for the betterment of your community. For example, religious groups, clubs sponsored outside the school, Boy or Girl Scouts, community art endeavors, etc. You **MUST** obtain a signature for verification.

Students must show varied, consistent involvement in their community.

Activity/Description:						
*Leadership Position:						
Year(s)			Sponsor Name	Sponsor Signature	Email or Phone Number	
9	10	11				
Activity/Description:						
*Leadership Position:						
Year(s)			Sponsor Name	Sponsor Signature	Email or Phone Number	
9	10	11				
Activity/Description:						
*Leadership Position:						
Year(s)			Sponsor Name	Sponsor Signature	Email or Phone Number	
9	10	11				
Activity/Description:						
*Leadership Position:						
Year(s)			Sponsor Name	Sponsor Signature	Email or Phone Number	
9	10	11				
Activity/Description:						
*Leadership Position:						
Year(s)			Sponsor Name	Sponsor Signature	Email or Phone Number	
9	10	11				



SERVICE ACTIVITIES (REQUIRED)

List community service activities in which you have participated since entering high school.

- These can be individual or group service projects done either in or out of school.
- Community service activities are those that are done for or on behalf of others (not including immediate family members) for which no compensation (monetary or other) has been given.
- Please ask an adult supervisor who can verify your participation in each activity to sign on the appropriate line and list the estimated number of hours you invested while performing this community service. You **MUST** obtain a signature for verification.

Please note: You may only record services hours earned **DURING HIGH SCHOOL**.

Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					

TOTAL COMMUNITY SERVICE HOURS (page 1): _____



SERVICE ACTIVITIES (Continued)

Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					
Activity/Description:							
Hours Earned			Sponsor Name		Sponsor Signature		Email or Phone Number
9	10	11					

TOTAL COMMUNITY SERVICE HOURS (total): _____

****Chapter requires a minimum of 20 hours for sophomores and 30 hours for juniors. Applicants documenting less than the required amount of service hours will not be considered.***



ESSAY (REQUIRED)

Attach an essay explaining why you are qualified for membership in the National Honor Society. Clearly explain how you excel in the four pillars of NHS: **scholarship, service, leadership, and character.**

Essay Requirements:

- 1 page typed, doubled spaced, SINGLE sided
- 12 point, Times New Roman font, 1-inch margins
- Stapled to application

TEACHER RECOMMENDATION (REQUIRED)

Teacher recommendation forms must be completed by one teacher from the following core academic subjects: English, Mathematics, Social Studies, Science, or World Languages.

- **YOU must provide the teacher with a printed Teacher Recommendation Form and a standard business size envelope.**
- You must include the **completed Teacher Recommendation form** in its **signed, sealed envelope** in your completed **NHS Application Packet**.

**Chapter requires 1 completed Teacher Recommendation Form. Applicants not including completed form in signed, sealed, envelopes in their application packets will not be considered.*



TEACHER RECOMMENDATION FORM

TO BE COMPLETED BY THE STUDENT:

Student Name (please print): _____

Teacher Name (please print): _____

List the course(s) you have/had with this teacher and the year you were in his/her class:

Course: _____ Year: (circle) 9th 10th 11th

Course: _____ Year: (circle) 9th 10th 11th

TO BE COMPLETED BY THE TEACHER:

Please complete this form and return it to the student in the **signed envelope he or she provided**. **Please be sure to sign over the seal of the envelope.** This recommendation will be kept confidential, so thank you in advance for your honesty and candor. *(Student application packets are due by Friday, January 24, 2020)*

Please check the appropriate box	Excellent	Average	Below Average	No Basis
Academic Integrity				
Personal Integrity				
Leadership in classroom				
Respect for others				
Respect for self				
Responsibility				
Motivation				
Self-confidence				
Caring for others				
Fairness				
Willingness to serve others				
Class Participation				

	<i>Enthusiastically Recommend</i>	<i>Recommend</i>	<i>Recommend with Reservation</i>	<i>DO NOT Recommend</i>
How strongly do you recommend this student for admission into the HHS chapter of NHS?				

Teacher's Signature: _____

Comments: (optional)