

CCS Chapter of the National Honor Society

Candidate Form

Directions: Please complete all sections. Type or print all information and submit it by the published deadline. Do not be modest. Every bit of information will be used by the Faculty Council to assist with the fair consideration of your candidacy during the selection process. ****NOTE: Completion and submission of this form does not guarantee selection.** Should you have questions about this form, please contact Mrs. Salinas.

I. Administrative Information

Name _____

Current Grade Level _____

Homeroom teacher _____

II. Leadership Roles – List all elected or appointed leadership positions or other positions of responsibility held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included (e.g., elected officer for the student body, class, or club; committee chairperson; team captain; newspaper or yearbook editor; work area manager; morning announcer; community leader, etc.) Please include the name of the adult responsible for supervising your leadership in each position.

Leadership Role	Grade Level(s)*	Activity/Organization	Supervising Adult

**Do include your 9th grade year. However, middle school activities should not be considered as part of NHS selection process.*

III. Service Activities – List service activities in which you have participated. These can be individual or group service projects done either in or out of school. Generally, service activities are those that are done for or on behalf of others (not including immediate family members) for which no compensation (monetary or otherwise) has been received. Please ask an adult supervisor who can verify your participation in each activity to sign on the appropriate line, and also list the estimated total hours you invested while performing this service.

Activity	Grade Level(s)*	Hours of Service	Supervising Adult

**Do include your 9th grade year. However, middle school activities should not be considered as part of NHS selection process.*

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IV. Other Student Activities – List all other school-based activities (not noted above) in which you have participated. Include clubs, teams, musical groups, etc., and any significant accomplishments in each.

Activity	Grade Level(s)*	Accomplishments

**Do include your 9th grade year. However, middle school activities should not be considered as part of NHS selection process.*

V. Other Community Activities – List other community activities in which you have participated and note any major accomplishment in each. These should be activities outside of school in which you participated for the betterment of your community (e.g., religious groups, clubs sponsored outside the school, Boy or Girl Scouts, community arts endeavors, etc.). Do not repeat participation already listed above in previous sections. Please include the name of the adult supervisor of each activity.

Year	Community Activity	Hours	Accomplishments	Supervising Adult
9				
10				
11				
12				

VI. Work Experience, Recognition, and Awards – Though not a specific criterion for membership, please list below any job experiences, honors, or recognition that you have received that support your candidacy for membership in the Honor Society.

Year	Job, Recognition, or Award	Group or Activity	Hours Spent on Job or Activity (if applicable)	Supervising Adult
9*				
10				
11				
12				

**Do include your 9th grade year. However, middle school activities should not be considered as part of NHS selection process.*

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VII. Signatures

I understand that completing and submitting this form does not guarantee selection to the Honor Society. I attest to 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 Signature

Date

I/We have reviewed the full Candidate Information Packet provided to us by the CCS Chapter of the NHS. In addition, I/we have read the information submitted by my child on this form and can verify that it is true, accurate, and complete.

Parent Signature

Date

Preferred method of contact (check one and fill in the blank):

Parent phone number(s): _____

Parent email: _____

We request this contact information in the case we need to notify parents regarding important details. Return completed form to your NHS adviser or his/her mailbox in the main office by _____ (specified date/time).

NEED MORE ROOM?

If you need more space than that provided on this form to list your activities, please staple another page to this form.