

**PENN-TRAFFORD CHAPTER—NATIONAL HONOR SOCIETY**

**CANDIDATE ACTIVITY INFORMATION FORM**

Please complete all sections. Do not be modest. Every bit of information can be used for the faculty council to assist with the selection process. Completion of this form **does not** guarantee selection. **INCOMPLETE FORMS WILL NOT BE CONSIDERED AND ARE NOT ELIGIBLE FOR THE APPEAL PROCESS. OMITTED SPONSOR SIGNATURES ARE INCLUDED IN INCOMPLETE FORMS. If you are not selected, you will have 5 days from notice of non-selection to appeal. After that time, you forfeit your right to appeal.**

I understand the above statement. \_\_\_\_\_  
Student's Signature and date

\_\_\_\_\_  
Parent's Signature and date

**I. ADMINISTRATIVE INFORMATION (Please type or print):**

Name: \_\_\_\_\_

Parent's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ GRADE \_\_\_\_\_

**II. COCURRICULAR ACTIVITIES:**

List all activities in which you have participated during high school. Include clubs, teams, musical groups, etc. and major accomplishments in each.

<b>ACTIVITY</b>	<b>YEAR</b>	<b>ACCOMPLISHMENTS</b>
	<b>9 10 11 12</b>	
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**III. LEADERSHIP POSITIONS:**

List all leadership positions. These can be elected or appointed 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. You **do not** have to have a specific title like team captain or yearbook editor. This could be a shift manager at work or a classroom leader for vacation bible school.

LEADERSHIP POSITION	YEAR				ACTIVITY
	9	10	11	12	
1. _____					
2. _____					
3. _____					
4. _____					

**IV. COMMUNITY ACTIVITIES**

List all community activities in which you have participated and note any major accomplishments in each. These should include any activities **outside of school** in which you participated for the betterment of the community. For example: church groups; clubs sponsored outside of school; boy or girl scouts; volunteer groups; or community endeavors.

*You do not have to fill all 6, but try to include more than one if possible.*

1. \_\_\_\_\_ (student name) participated in  
 \_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

2. \_\_\_\_\_ (student name) participated in

\_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

3. \_\_\_\_\_ (student name) participated in

\_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

4. \_\_\_\_\_ (student name) participated in

\_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

5. \_\_\_\_\_ (student name) participated in

\_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

6. \_\_\_\_\_ (student name) participated in  
\_\_\_\_\_ (activity).

Dates of activities: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Sponsor's Signature** \_\_\_\_\_

**V. WORK EXPERIENCE, RECOGNITION, AND AWARDS**

List below any job experience, honors, or recognition that you have received which supports your bid to be selected for membership in the National Honor Society.  
**Work experience may be paid or volunteer such as babysitting or tutoring.**

<b>JOB/RECOGNITION/AWARD</b>	<b>YEARS</b>	<b>GROUP/ACTIVITY</b>	<b>#HOURS</b>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**MUST HAVE 6 REFERENCES** (*must have signed, no initials, by reference, reference should not be related to you*):

**1.Name** \_\_\_\_\_ **Position** \_\_\_\_\_

2.Name\_\_\_\_\_Position\_\_\_\_\_

3.Name\_\_\_\_\_Position\_\_\_\_\_

4.Name\_\_\_\_\_Position\_\_\_\_\_

5.Name\_\_\_\_\_Position\_\_\_\_\_

6.Name\_\_\_\_\_Position\_\_\_\_\_

*YOU MUST HAVE AT LEAST 5 HOURS OF COMMUNITY SERVICE  
TO BE CONSIDERED FOR NHS*

**COMMUNITY SERVICE VERIFICATION**

This is to verify that \_\_\_\_\_  
completed \_\_\_\_\_ hours of Community Service.

Dates of service: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Explanation of community service completed:

\_\_\_\_\_

Signature \_\_\_\_\_

**RETURN application to the red box in the Media Center by August 31, 2018.**

