J.W. Mitchell High School National Honor Society

Request for Consideration Form

Spring 2017

The National Honor Society is an organization that promotes appropriate recognition for students who reflect outstanding accomplishments in the areas of scholarship, character, leadership, and service. Receiving this request for consideration form means that you have met the minimum requirement for scholarship. The Faculty Council will now evaluate your achievements in character, leadership and service. According to the national bylaws, the qualified candidate will demonstrate excellence in all four areas.

Selection to the National Honor Society is an honor, but with that honor comes great responsibility. Members in the NHS are required to complete 20 community service hours per year, 8 tutoring hours per year, attend meetings regularly, and participate in group community service projects, fundraisers, and other activities such as Homecoming events. Costs involved in NHS membership include $5 dues and $20 polo shirts. Other expenses may arise depending upon projects voted on throughout the year.

**DIRECTIONS:** Please complete all sections. All information can be used by the Faculty Council in the selection process so **do not be modest**. Be specific. All activities listed must be from high school only, and must be verified with a signature or other proof of involvement. Unverified activities and generalizations about service hours will not be counted. Completion of this form does not guarantee selection. **Packets are due on or before March 16, by 3PM to Ms. Crabtree (204). No late packets or changes to submitted packets will be accepted under any circumstances.**

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#### TYPE OR PRINT ALL INFORMATION IN INK

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| --- |
| Student Name:       Polo Shirt Size: |
| Address: |
| City, State Zip: |
| Phone Number: |
| Student I.D. |
| Grade Level: |
| Parent/Guardian Name: |

**SIGNATURE:** My signature certifies that all of the information I have provided is accurate and is from high school only. I understand that any student found falsifying information on the packet will be dropped immediately from consideration. I further understand that any candidate found to violate the standards of character as stated in the national and school by-laws will be dropped from consideration. To the best of my knowledge, my disciplinary record reflects NHS standards. I know that completion of this packet does not guarantee selection into the National Honor Society and that unverified information will not count.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Family members must not verify information in this packet. Another adult must verify this student’s service, school involvement and leadership.**

**I. SERVICE**

**A. OUTSIDE OF SCHOOL: (10 HOURS MIN. REQUIRED FOR CONSIDERATION):** List community activities in which you have participated and note the specific number of hours you served. These should be activities **outside of school** **or school clubs** in which you have participated for the betterment of the community (service to the environment, the needy, sick, disabled, very young or very old). Include the **specific** number of hours you served. Babysitting or tutoring without pay should only be included here if the recipient qualifies for F/R lunch (official documentation required or hours do not count). Obtain a verification signature from a supervising adult (not a family member). If signature cannot be obtained, other verification of participation must be attached (photocopy of community service verification form, certificate of participation, etc.), along with a name and phone number or email address of supervising adult. Unverified listings will not be counted. Attach additional sheets if necessary.

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| --- | --- | --- | --- | --- |
| Grade (9, 10, and/or 11) | Organization | Description of Activity | Hours of Service | Supervising Adult’s Name, Signature & Phone or email |
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For Council Use Only

**I. SERVICE**

**B. WITHIN THE SCHOOL (2 ACTIVITIES MIN. REQUIRED FOR CONSIDERATION):** List school activities in which you have participated since 9th grade. Examples are clubs, sports, band, drama, homecoming activities, fundraisers, student council, newspaper, yearbook, etc. Tutoring (without pay) that has been verified by a teacher at MHS may be included here. For all activities, obtain a verification signature from a supervising adult (not a family member). If signature cannot be obtained, other verification of participation must be attached (photocopy of community service verification form, certificate of participation, etc.), along with a name and phone number or email address of supervising adult. Unverified listings will not be counted. Attach additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grade (9, 10, and/or 11) | Organization | Description of Activity | Hours of Service | Supervising Adult’s Name, Signature & Phone or email |
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**II.** **LEADERSHIP** **(EVIDENCE OF LEADERSHIP IS REQUIRED FOR CONSIDERATION)**

List school and community activities in which you have held a leadership position. Leadership is not limited to elected positions such as officers or team captains. Leadership can be demonstrated through holding a committee chair position, organizing an event, leading a section in band, receiving NON-academic honors and awards, mentoring and teaching others, representing MHS in a school or district wide contest, etc. Obtain a verification signature from a supervising adult (not a family member). If signature cannot be obtained, other verification of participation must be attached (photocopy of community service verification form, certificate of participation, etc.), along with a name and phone number or email address of supervising adult. Unverified listings will not be counted. Attach additional sheets if necessary.

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| --- | --- | --- | --- | --- |
| Grade (9, 10, and/or 11) | Organization | Leadership Position | How were **you** responsible for directing or motivating others? Be specific. | Supervising Adult’s Name, Signature & Phone or email |
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For Council Use Only

**III. GRADE POINT AVERAGE:** A minimum of a 3.5 cumulative, weighted GPA is required for consideration for selection in NHS. If selected, a 3.5 GPA must be maintained until graduation.

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| Cumulative, weighted high school GPA as stated on your last report card or in MyStudent in the “gpa (cumulative weighted): Class Rank” box. |
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**IV. CHARACTER:** According to the membership guidelines at <http://www.nhs.us>, “the student of good character upholds principles of morality and ethics, is cooperative, demonstrates high standards of honesty and reliability, shows courtesy, concern, and respect for others, and generally maintains a good and clean lifestyle.”

WITHIN THE SCHOOL: To evaluate a candidate’s character, the Faculty Council uses two methods of input. First, school disciplinary records are reviewed. Second, members of the faculty are solicited for input regarding their professional reflections on a candidate’s character. Candidates should not solicit feedback from faculty.

**A.** OUTSIDE OF SCHOOL: Candidates are invited (not required) to solicit letters of recommendation from community members. Employees of Mitchell High School are NOT to be asked to submit letters of recommendation. The Faculty Council solicits input from the faculty and staff of the school.

1. IN YOUR OWN WORDS: Please provide a short response in the space provided below. Attach additional pages if necessary.

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| Explain a time in your high school years when your own character was tested. Which positive character traits did you exhibit to see you through the challenge? What was the outcome? |
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**V. ACADEMIC PREPARATION:** List all Honors, Advanced Placement, and Dual Enrollment classes taken in high school. Attach additional pages if necessary.

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| --- | --- | --- | --- |
| Year (9, 10, and/or 11) | Course | Instructor | Grade received |
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**VI. CURRENT SCHEDULE:** A recommendation survey will be distributed to each of your current teachers, in addition to the entire faculty and staff. Please list your current schedule.

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| --- | --- | --- | --- |
| Class Period | Teacher | Course | Room Number |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**COMPLETED FORMS ARE DUE TO MS. CRABTREE IN 204 BY 3PM ON THURSDAY, MARCH 16. ABSOLUTELY NO LATE PACKETS WILL BE ACCEPTED.**