

FRONTENAC HIGH SCHOOL CHAPTER OF THE NATIONAL HONOR SOCIETY

DIRECTIONS: PLEASE COMPLETE ALL SECTIONS. TYPE OR PRINT ALL INFORMATION AND SUBMIT IT BY THE PUBLISHED DEADLINE. DO NOT BE MODEST. THE FACULTY COUNCIL AND THE FACULTY, TO ASSIST WITH THE FAIR CONSIDERATION OF YOUR CANDIDACY DURING THE SELECTION PROCESS, WILL USE EVERY BIT OF INFORMATION.

COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE SELECTION. SHOULD YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CONTACT FHS NHS ADVISOR.

I. Administrative Information

Name _____ Current grade level: _____

Other information as required by the local chapter, e.g. homeroom number/teacher, current grade level, student identification number, etc.

II. Leadership Roles: List all elected or appointed leadership positions. **Only positions in which you were directly responsible for directing or motivating others should be included.** For example, elected student body, class or club officer; committee chairperson; newspaper or yearbook (or other professional publication) editor; Raider captain; head cheerleader; church youth group officer; 4H officer; etc. All positions must have a signature of an adult sponsor and phone number. **Incomplete forms will not be considered.**

1. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
2. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
3. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
4. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
5. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
6. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
7. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____
8. Leadership Position: _____ Year: __9__10__11 Activity/Organization: _____ Sponsor Signature: _____ Phone #: _____

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III. Service Activities— List all activities where you have performed volunteer services. Candidates must have a minimum of thirty (30) service hours to be considered for candidacy. You must include one activity, which has a minimum of five (5) hours of service work. Examples would include work for the church, nursing homes, hospitals, charitable organizations such as United Way, helping with individuals in need, volunteer work for schools, participation in fundraising activities for charitable organizations. You must provide verification of service by obtaining the signature of an adult sponsor/supervisor or by written verification of participation and completion of the activity. **Incomplete forms will not be considered.**

Service Activity	9	10	11	Hours of Service	Sponsor's Signature	Sponsor's Phone #

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

1.
2.
3.
4.

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. Work experience may be paid or volunteer.

Work Experience/Recognition/Award	9	10	11	Dates Inclusive	Supervisor's Signature	Supervisor's Phone #

VII. Signatures

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

I understand that I am an eligible candidate for Frontenac High School's National Honor Society but I am **OPTING OUT** as a candidate for the current school year. (Candidates may reapply the next school year if they meet Scholastic requirements.)

Student Signature

Date

I/we have reviewed the full Candidate Information Packet provided to us by the chapter. In addition, I/we have read the information submitted by my son/daughter 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 _____

Parent e-mail: _____

We request this contact information so that we can notify you regarding important details. Return completed form to Cassie Buche, NHS Sponsor.

Note: Include the school address and phone number along with instructions on how questions about this form or membership in general can be answered by Honor Society staff/advisers.

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NHS Selection for 2018-2019

The following students have been identified as candidates for selection to our chapter of the honor society. Candidacy begins by meeting our Scholarship criterion of 3.5, which has been met by these students. Each candidate will submit to the Faculty Council a candidate form, but additional information is being requested from the entire staff to assist in this important selection process. Every staff member is being asked to review, sign, and return this form.

Please carefully review the list of candidates. For each of the three criteria, please use the rating scale provided (1 to 4, where 1 = low/poor, 2 = below average, 3 = good, and 4 = high/outstanding) to evaluate any student with whom you have had professional interaction (i.e., as a teacher, adviser, coach, etc.). Should your rating be poor or below average for any candidate (either a score of 1 or 2), it is necessary for you to provide an additional comment that speaks to the professional rationale for this low rating or examples of the poor performance, which led to the rating. Please consider these ratings as seriously as you would any grade entered into your grading system.

Please sign the bottom of the form. In the event you have had no professional interaction with any of these students, please attest to that fact by checking the box at the bottom, signing the form, and returning it.

All forms should be returned to the chapter adviser, (insert adviser name), by (insert deadline). Your cooperation in this import selection process is greatly appreciated.

Candidate's Name	Leadership	Service	Character	Comments (use the back for additional notes)
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20.				

____ I certify that my ratings and comments are sound and based on professional interaction with the candidates.

____ I certify that I have had no professional interaction with the above-named candidates or choose not to participate in the evaluation process for this year.

Signature

Date

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