

GRANDVIEW HIGH SCHOOL CHAPTER OF THE NATIONAL HONOR SOCIETY
2012 CANDIDATE FORM

Directions: Please complete all sections. Type or print all information and submit it to Mrs. Storgaard in the Activities Office by **3:00 p.m. on Friday, March 2nd**. All information will be used by the Faculty Council to assist with the fair consideration of your candidacy during the selection process. **DO NOT BE MODEST! Incomplete or late forms will not be considered.**

I. ADMINISTRATIVE/DEMOGRAPHIC INFORMATION

Name: _____

Grade (circle): 10/11

Transfer Student? (circle) Yes/No Date of Transfer: ___/___/_____

II. SCHOLARSHIP: Any junior or senior with a weighted cumulative grade point average of at least 3.75 or above is eligible to be considered for membership in the Grandview Chapter of the National Honor Society. (To be verified by Faculty Council)

Short Essay: Please choose one essay question to answer and attach a **500 word or less**, typed essay.

- 1) Who is the person who has been most influential in your life? How has that person affected you?
- 2) Discuss a community service project in which you have participated. How has it impacted your life and the lives of others?
- 3) Share a unique experience in your life that has shaped who you have become today.

III. LEADERSHIP POSITIONS & CHARACTER: List all elected or appointed leadership positions held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included. Examples: elected officer for the student body, class, or club; committee chairperson; team captain; newspaper editor; work area manager; or other community leader. Please include the name of the adult responsible for supervising your leadership in each position.

Activity	Year			Accomplishments/Responsible Adult
	9 th	10 th	11 th	

Eligible candidates will have clean disciplinary files (to be verified by Faculty Council). Each potential member will be evaluated by five (5) adults in the areas of Leadership and Character. Of those five adults, at least three must be high school classroom teachers that you have had. The other two may also be teachers (each teacher evaluator must represent a different department), but could be other adults (not family members) who have known you during your high school years such as a counselor, coach, sponsor of extracurricular activity, supervisor at volunteer activity or employer. **List below the names and positions of the five individuals you would like to evaluate you.**

Name	Position or Course(s) Taught
1.	
2.	
3.	
4.	
5.	

The evaluation forms are attached at the end of this application packet. After filling in your name and the evaluators' names, give the forms to the five individuals listed above. If you are requesting an evaluation from someone outside of the school, please provide a stamped envelope addressed to:

Grandview High School
 20500 E. Arapahoe Road
 Aurora, CO 80016
 Attention: Dr. Ruth Watkins

Or fax to 720-886-6617

It is your responsibility to check with your evaluators to make sure that all evaluation forms are returned by the deadline!

IV. SERVICE ACTIVITIES: List service activities in which you have participated, beginning with the summer before 9th grade. These can be individual or group service projects done either in or out of school. Generally speaking, 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 also list the estimated number of hours you invested per year while performing this service. The Faculty Council reserves the right to discount any activity that it determines to be out of the realm of service. **No credit will be given without sponsor verification.**

Activity/Service Provided	Total Hours of Service Per Year			Adult Sponsor Name (type/print) & Signature	Sponsor Contact Info (phone or e-mail)
	9 th	10 th	11 th		

V. OTHER STUDENT ACTIVITIES: List all other school-based activities (*not* noted above) in which you have participated in school, beginning with the summer before you entered 9th grade. Include clubs, teams, musical groups, etc., and any significant accomplishments in each. **No credit will be given without coach, sponsor or supervisor verification.**

Activity/Sport/Club	Total Hours per Week			Adult Sponsor Name (type/print) & Signature	Sponsor Contact Info (phone or e-mail)
	9 th	10 th	11 th		

VI. OTHER COMMUNITY ACTIVITIES: List other community activities in which you have participated, beginning with the summer before 9th grade, and note any major accomplishment in each. 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. Do not repeat participation already listed above.

Activity	Total Hours per Week			Adult Sponsor/Supervisor Name (type/print) & Signature	Sponsor Contact Info (phone or e-mail)
	9 th	10 th	11 th		

VII. WORK EXPERIENCE, RECOGNITION & 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.

Description (& number of work hours/week if applicable)	Year			Adult Sponsor/Supervisor Name (type/print) & Signature	Sponsor Contact Info (phone or e-mail)
	9 th	10 th	11 th		

VIII. SIGNATURES: I understand that completing 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. This includes maintaining a qualifying GPA (weighted cumulative GPA of 3.75 minimum), attending monthly meetings and mandatory activities, completing 10 quarterly community service hours and demonstrating continuing good character. I will accept the decision of the Faculty Council charged with the responsibility of selecting members as final.

Student 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. I will accept the decision of the Faculty Council charged with the responsibility of selecting members as final.

Parent/Guardian Signature: _____ Date: _____

Questions regarding NHS and this application should be directed to
Ruth Watkins (720-886-6620) or Molly Mugge-Cozza (720-886-6635)

Students must return completed Candidate Form to Mrs. Storgaard in the Activities Office.

DEADLINE: 3:00 p.m. Friday, March 2, 2012

BE SURE TO PUT YOUR NAME ON YOUR ESSAY & PAPER CLIP IT TO YOUR APPLICATION!!!

2012 NHS Confidential Reference

The student listed below qualifies academically for National Honor Society membership, however, membership is also based upon the service, leadership, and character of this student.

The student has given your name as an adult qualified to evaluate him or her in the areas of leadership and character. If you do not know the student well enough to rate a specific item, please use the 0 (this will not affect the student adversely).

No student will be considered for membership until his/her references are completed.

Ratings:

- 4 – Outstanding
- 3 – Above Average
- 2 – Average
- 1 – Below Average
- 0 – No basis for judgment

Name of Evaluator: _____

Name of Student _____ **Year in School** _____

Leadership

- 1. Assumes responsibility and shows independent thinking _____
- 2. Demonstrates leadership in classroom or extracurricular activities _____
- 3. Displays a positive attitude _____
- 4. Displays perseverance _____
- Total** _____

Character

- 1. Demonstrates the highest standards of honesty and reliability _____
- 2. Upholds classroom policies and school regulations _____
- 3. Shows courtesy, concern, and respect for others. _____
- 4. Takes criticism well and accepts suggestions gracefully. _____
- Total** _____

Signature and Title of Evaluator

Evaluator must return completed form to:

Dr. Ruth Watkins
Student Achievement Services
Grandview High School
20500 E. Arapahoe Rd.
Aurora, CO 80016
Fax #720-886-6617

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