



Grade (circle): 10<sup>th</sup> 11<sup>th</sup>

PRINT: Last Name, First Name

1<sup>st</sup> Period Teacher (and room number)

- DO NOT enclose the application inside any folder or binder
- DO NOT attach any documents on card stock paper
- DO NOT attach original documents that you may need in the future. Copies only!

This document must be submitted <u>in person</u> by the applicant to the NHS Faculty Advisor (room 814) before 3:00 PM on Wednesday, February 1, 2023.

Forms not submitted in person or forms submitted after the deadline will not be accepted. Contact Ms. Witham with questions @ extension 31161 or withamm@manateeschools.net

## Attestation

## By signing below, the student and parent acknowledge awareness and accuracy of and assent to the following:

- > All information contained in this submission (and any attachments) is accurate, complete and true.
- Dishonesty of any type in the membership process will result in permanent exclusion from consideration for membership or for revocation of membership if the dishonesty is discovered after the member is inducted.
- > A student whose membership is revoked is permanently barred from membership in any NHS chapter in the United States.
- > All terms in the *Candidate Submission Guidelines* are binding and non-negotiable.

Student's Signature	Date
Parent's Signature	Date
mulative Unweighted GPA:	

**Discipline History:** Attach a list of any (and all) disciplinary actions that have been taken against you during your high school career. List the offense, the teacher or staff member involved, the punishment you received, and an explanation of the events leading up to the disciplinary action. Having a disciplinary history will not automatically exclude you from NHS membership (depending on the nature of the incident). However, failing to disclose a disciplinary incident will cause you to be excluded. If you do not have any disciplinary infractions you will need the signature of a dean below as verification.

This student has had zero disciplinary infractions during all years of high school.

Dean's Signature	Boyd, Gilmer, or Moore	Date

**Service Qualifications:** List the total number of service hours in the space provided and attach verification signatures to this document. Service or leadership items submitted without a verifying signature and contact phone number will not be considered for membership qualification. <u>DO NOT SUBMIT ORIGINAL DOCUMENTS – copies only! The forms</u> submitted become the property of NHS and will not be returned to the student.

← TOTA Numbe Service	r of By signing above, I certify that the total number of service hours accurately and truthfully represents my service to my community and that none of these hours represent activities for which I received
	attached for all the hours included in this total.

**Awards, Recognitions and Certifications:** Attach a list of up to <u>five</u> awards, recognitions, or certifications you have received during high school. Examples might include awards from a club on campus, Certificates of Achievement from Boys or Girls Scouts, Industry Certifications, Fair ribbons, etc. You must attach photos or copies of these awards or some other documentation to verify that you received the award or recognition.

Only <u>five</u> awards or recognitions will be considered, so you should list only the five <u>most prestigious</u> that you have received.

**Leadership Qualifications:** Students should provide below a complete list of any school or community leadership experiences completed while in high school. For instructions on properly completing this part of the form, see the *Candidate Submission Guidelines*.

Position/Duties	Agency/Organization	Verifying Signature	Phone Number
		PRINT Name	
		Signature	
		PRINT Name	
		Signature	-
		PRINT Name	
		Signature	

**Teacher Evaluations:** Students must obtain four evaluations. **At least two must come from core subject teachers (Math, English, Science or Social Studies).** Only one may come from a coach or club advisor, although a coach/advisor recommendation is <u>not</u> required. It is highly recommended that students select teachers who have known them multiple years.

Each teacher should select up to <u>TWO</u> characteristics for which this student is recommended. <u>If more than two boxes are checked, the teacher's evaluation will be disregarded.</u> TEACHERS: If you do not feel comfortable writing on this form you may choose to email your recommendation to Marybeth Witham by the deadline. 3PM Wednesday 2/1.

	Relationship to Student	Number of months or years you have known this student.	I recommend this student based upon these characteristics about which I have first-hand knowledge:
PRINT Name and Subject/Sport/Club Teacher Signature	<ul><li>Teacher</li><li>Coach</li><li>Club Advisor</li></ul>		<ul> <li>Scholarship</li> <li>Leadership</li> <li>Character</li> <li>Service</li> </ul>
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