**Central Bucks High School South National Honor Society**

**Chapter 00371662**

**Important Information for NHS Candidates:**

\* A Faculty Selection Committee determines membership based on established criteria:

* service to school [as an ongoing commitment]
* service to community [a minimum of 20 hours is required once inducted]
* demonstration of leadership skills
* good character [no record of cheating, plagiarism, intentional dishonesty, violating school rules or civil offenses in the community]
  + **character violations within 12 months require applicants to complete the character essay and procure a teacher character reference. See details online.**

**Direction Guidelines:**

\* Carefully read the directions above each section of the information packet.

\* Documentation is required for each activity. Give yourself ample time to procure it.   
 \* Family members cannot write letters or complete evaluation forms for applicants.

\* Only list activities and awards that were completed after ninth grade.

\* Do not list the same activity in more than one category.

\* Do not list activities in one section that are affiliated with clubs in another section.

\* All information should be typed or clearly printed.

\* The student desiring membership must complete this form.

\* Read all information and FAQ’s on the NHS website at *https://www.cbsd.org/Domain/3509*.

\* Forms & documentation must be submitted in a 9 X 12” manila envelope to Mrs. Barrett’s Office C119 ~ 1st Floor House **Office by 3:00 PM on Thursday, September 16, 2021 (NO EXCEPTIONS).**

By signing below, I certify:

* *I alone* completed the attached Activity Information Sheet
* the information I provided in the attached form is accurate and complete
* no member of my family has written an evaluation letter on my behalf
* the letters that are included have not been opened or altered in any way

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Signature of Student 🗶 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian 🗶\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

# Section I: In-School Activities

**List all school activities in which you played a role representing CB South during your sophomore year; clubs, teams, and extracurricular musical groups are examples of school activities. Estimate the time you spent on each activity. Also, list the activities you anticipate participating in during your junior year.**

SPECIAL NOTES:

* Any class you take for CB South academic credit cannot be counted as an in-school activity. Even the hours after school and the concerts are requirements.
* You can count Key Club under Section 1 – In School Activities OR you may count your service hours towards Section 3 - Service to Community. Pick the section where you need the credit. You cannot use the same activity under two sections.

**\*\*\*FOR EACH SCHOOL ACTIVITY, YOU MUST RETURN A SIGNED & SEALED ‘IN-SCHOOL ACTIVITY EVALUATION FORM’ FROM YOUR ADVISOR. (Forms are downloadable online. Make as many copies as needed for each activity.)**

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Anticipated activities for 11th grade:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section II: Leadership Positions

**List all leadership positions that you have held in school, the community, or at work or roles that allowed you to utilize your leadership skills. Only positions in which you were responsible for teaching, coordinating, or directing others are applicable.**

SPECIAL NOTES:

* Leadership requires evidence of the creation, management, or implementation of a project.
* Leadership is the ONLY area for which something may be considered under two sections – for example, if you play baseball and are a team captain, you may list this as in school activity and leadership.
* Leadership will ultimately be decided by the Faculty Selection Committee. In the past teaching Sunday School, coaching Little League, or giving lessons on an ongoing basis have been considered leadership roles by the committee.

**\*\*\*FOR EACH ITEM IN THIS SECTION, YOU MUST RETURN A SIGNED & SEALED ‘LEADERSHIP EVALUATION FORM’ FROM A SUPERVISING ADULT. (Forms are downloadable online. Make as many copies as needed for each activity.)**

Position/Role Length of time at position

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Activity or Organization Supervising Adult

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Position/Role Length of time at position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity or Organization Supervising Adult

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Position/Role Length of time at position

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Activity or Organization Supervising Adult

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Position/Role Length of time at position

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Activity or Organization Supervising Adult

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# Section III: Service to Community (use back of sheet if necessary)

**DEFINITION: Community service activities are those that are done for or on behalf of others (outside of family & school) for which no compensation has been given. *Juniors are expected to have performed at least 10 hours of community service since the end of 9th grade.* These are minimal expectations and do not necessarily warrant admission to NHS.**

SPECIAL NOTES:

* Service to Community is volunteering in meaningful activities that serve the needs of the general community. The general community is existing beyond family and school and represents not-for-profit organizations. This service should be an ongoing, participatory activity.
* You can count Key Club under Section 1 – In School Activities OR you may count your service hours towards Section 3 - Service to Community. Pick the section where you need the credit. You cannot use the same activity under two sections.
* Many sports teams expect their athletes to participate in one or more booster club activities. Many times, the fundraisers and activities benefit your team. As a result, you cannot count the hours spent on booster activities toward Service to Community.
* Because of the obvious conflict of interest, the Committee cannot consider activities that are only verified by parents and/or relatives. Find an outside person to verify your participation.

**\*\*\*FOR EACH ITEM IN THIS SECTION, YOU MUST RETURN A SIGNED & SEALED ‘COMMUNITY SERVICE EVALUATION FORM’ FROM A SUPERVISING ADULT.**

**(Forms are downloadable online. Make as many copies as needed for each activity.)**

Community Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Adult Sponsor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Adult Sponsor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Adult Sponsor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours per week: \_\_\_\_\_\_ Number of weeks per year: \_\_\_\_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_\_\_

Adult Sponsor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section IV: Other Activities (non-service related), Awards, and/or Information (Optional section. No evaluation forms or letters required for this section)

While this section is not a requirement for membership, you may use this space to list any other community activities in which you participate (work, musical lessons, sports teams), awards you have received, and/or any information which you believe is pertinent to your nomination for selection.

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