

**Central Bucks High School West National Honor Society  
Chapter 5424**

**Important Information for NHS Candidates:**

- \* A Faculty Selection Council determines membership based on established criteria:
  - service to school [as an ongoing commitment with a minimum of 5 hours]
  - service to community [a minimum of 10 hours is required]
  - demonstration of leadership
  - good character [within past 12 months, no record of cheating, plagiarism, intentional dishonesty, violating school rules or civil offenses in the community]

**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.
- \* Do not attach anything you would like returned to you. Attach copies instead.

**Nothing in your application packet will be returned to you.**

- \* All information should be typed or clearly printed.
  - \* The student desiring membership must complete this application in its entirety.
  - \* Read all information and FAQ's on the NHS website at <https://www.cbsd.org/Page/6611>.
  - \* Forms & documentation must be submitted in a 9 X 12" manila envelope by **3:00 PM on Friday, September 12, 2025** (NO EXCEPTIONS) to Mrs. Bertman, secretary to Mr. Davis.

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: Service to School Activities**

List all school activities in which you played a role representing CB West during your sophomore year; *certain* clubs, teams, and extracurricular musical groups are examples of school service. To see which clubs are not service-related, read our FAQ page. Estimate the time you spent on each activity. *Juniors are expected to have performed at least 5 hours of CB West school service since the end of 9<sup>th</sup> grade.*

**SPECIAL NOTES:**

- Any class you take for CB West academic credit cannot be counted as school service, even if there are hours after school and concerts.
- You can count Key Club under Section I – Service to School OR you may count your service hours towards Section III - 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 ‘**SCHOOL SERVICE EVALUATION FORM**’ FROM YOUR ADVISER. (Forms are downloadable online. Make as many copies as needed for each activity.)**

Activity: \_\_\_\_\_ Adviser: \_\_\_\_\_

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

Activity: \_\_\_\_\_ Adviser: \_\_\_\_\_

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

Activity: \_\_\_\_\_ Adviser: \_\_\_\_\_

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

Activity: \_\_\_\_\_ Adviser: \_\_\_\_\_

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

Activity: \_\_\_\_\_ Adviser: \_\_\_\_\_

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

*[You may continue listing activities on the back of this sheet, if necessary.]*

**Section II: Leadership Positions**

List all *elected* or *appointed* leadership positions that you have held in school, the community, or at work. 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 school service and leadership.
- Leadership will ultimately be decided by the Faculty Selection Council. In the past, Class Council, teaching Sunday School, coaching Little League, or holding an officer position in Scouts have been considered leadership roles by the Council.
- The Faculty Selection Council does not consider umpiring, refereeing, lifeguarding, tutoring or babysitting as acceptable forms of leadership.

**\*\*\*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.)**

Leadership Position

Length of time at position

\_\_\_\_\_

\_\_\_\_\_

Activity or Organization

Supervising Adult

\_\_\_\_\_

\_\_\_\_\_

Leadership Position

Length of time at position

\_\_\_\_\_

\_\_\_\_\_

Activity or Organization

Supervising Adult

\_\_\_\_\_

\_\_\_\_\_

Leadership Position

Length of time at position

\_\_\_\_\_

\_\_\_\_\_

Activity or Organization

Supervising Adult

\_\_\_\_\_

\_\_\_\_\_

Leadership Position

Length of time at position

\_\_\_\_\_

\_\_\_\_\_

Activity or Organization

Supervising Adult

\_\_\_\_\_

\_\_\_\_\_

**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 nonprofit organizations (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 9<sup>th</sup> 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 exists 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 I-Service to School OR you may count your service hours towards Section III-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 parent club activities, team events, or summer camp. Most times the fundraisers and activities benefit your own team. As a result, you cannot count the hours spent on these activities toward Service to Community.
- Because of the obvious conflict of interest, the Council 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: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

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

Sponsor's Address: \_\_\_\_\_

Community Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

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

Sponsor's Address: \_\_\_\_\_

Community Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

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

Sponsor's Address: \_\_\_\_\_

Community Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

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

Sponsor's Address: \_\_\_\_\_