# Matthew Lyon Chapter of the National Honor Society

**Directions:** Please complete all sections. Type or print (in pen) all information and submit it by the requested deadline. Do not be modest. Information will be used by the Faculty Council to assist with the fair consideration of your candidacy during the selection process. Include only information from grades 9-12.

Completion and submission of this form does not guarantee selection. Should you have questions about this form, please contact Michael W. Bruce, Fair Haven Union High School NHS Advisor, in room 211 before or after school, by email at <a href="mailto:mbruce@arsu.org">mbruce@arsu.org</a> or by phone at 802-265-4966, ext. 2430.

I. Student Information			
Name		Current Grade Level	
Mailing Address	City	State Zip Code	
Parent's or Guardian's Names		Contact Phone #	

#### II. Leadership Roles

List all elected or appointed leadership positions or other positions of responsibility held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included (ex. elected class officer, committee chairperson, team captain, section leader, etc.). Please include the name of the adult responsible for supervising your leadership in each position.

Leadership Role	Grade Level(s)	Activity/Organization	Supervising Adult

#### **III. Service Activities**

List service activities in which you have participated. These can be individual or group service projects completed either in or out of school. Generally, service activities are those that are done for or on behalf of others for which no compensation (monetary or otherwise) 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 while performing this service.

Activity	Grade Level(s)	Hours of Service	Supervising Adult's Signature

#### IV. Co-curricular Activities

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

Activity	Grade Level(s)	Accomplishments

# V. Other Community Activities

List other community activities in which you have participated 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 (e.g., religious groups, clubs sponsored outside the school, Boy or Girl Scouts, community art endeavors, etc.). Do not repeat participation already listed above. Please include the name of the adult supervisor of each activity.

Grade Level(s)	Community Activity	Hours per week	Accomplishments	Supervising Adult

# 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. Work experience may be paid or volunteer. Please include the name of the adult supervisor, if applicable.

Grade Level(s)	Job, Recognition, or Award	Group or Activity or Class	Hours spent on job or activity	Supervising Adult
, ,				

# VII. Essay

Please write a short essay explaining why you are seeking membership in the National Honor Society, how you feel you can contribute to the organization, and how you meet the core qualities of scholarship, leadership, service and character. You can choose to elaborate on things you have already listed or highlight other things that didn't fit into a specific category above (or some combination of both). Remember, some members of the Faculty Council may not know you well or be aware of all that you have accomplished so don't be modest! Please type your essay and attach it to this form (without an essay, your candidate form will not be considered).

# VIII. Signatures

I understand that completing and submitting this form does not guarantee signing, I attest that the information presented here is complete and accura and guidelines of the chapter and to fulfill all of my membership obligation	tte. If selected, I agree to abide by the standards
Student Signature	Date
By signing, I attest that I have reviewed the information submitted by my is true, accurate, and complete.	son/daughter on this form and can verify that it
Parent Signature	Date

# Return completed form to Mr. Bruce no later than Friday, April 12, 2019.

Questions? Contact: Michael W. Bruce, NHS Adviser, at (802)-265-4966, ext. 2430 or mbruce@arsu.org