

Name \_\_\_\_\_

# Hampden Academy National Honor Society Application

**Directions: Please complete all sections and be as detailed as possible. Any and all information provided may be considered by the Faculty Council to assist with the selection process. Completion of this form does not guarantee selection. All information shared in this application will be kept confidential and will only be viewed by the Faculty Council members and Administrators.**

**LEADERSHIP- ACTIVITIES & WORK EXPERIENCE-** List all activities in which you have participated in during high school showing that you play an active role representing our school community. This includes after school clubs, athletic teams, musical groups, scouting, work experience, etc. Please list in the description the activities you have participated in with this group. Include school activities where you were directly responsible for leading or motivating others. Also, list leadership positions in the community or at work. See the examples below and scoring. **You must include a contact person to verify your information**

**If you need to add more rows, go to “Format”, “Table” and “Insert a Row” You can then use the arrow forward button in the toolbar to quickly add more rows. **

[illegible]

## SERVICE- Volunteerism

An activity which benefited a community or organization with no benefit to the person giving the service. Service is those actions undertaken by the student which are done on behalf of others without any financial material compensation to the student. This includes volunteerism, committee work, and mentoring. The purpose of these actions is for the betterment of your school, work, or community. **Be sure to include the number of volunteer hours AND the supervisor or person we may contact to verify the service.**

Activity	Year				Total Hours	Description with contact person information
	9	10	11	12		
<i>Example: Food Cupboard</i>	X				11	<i>I volunteered at the food cupboard over the summer of my 9th grade year. Eleven weeks for an hour each week. Contact: Sue Smith 207-862-0000</i>

## OTHER

Include any information that you feel the committee should know when considering your application. For example, responsibilities at home, work experience, etc. **All information shared in this application will be kept confidential and will only be viewed by the Faculty Council members and Administrators.**

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**REFERENCE**

Name two Hampden Academy staff members you feel comfortable with to provide additional information if needed:

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**There will be a help session on Monday, September 29 at 2:00 in room 209 for any questions regarding filling out this application.**

**At this point, please print the application, obtain the required signatures and return to the Main Office no later than October 1st, 2025 at 2:00pm.**

**STUDENT SIGNATURE**

Print	Signature

**PARENT/GUARDIAN CONSENT**

*Applications will not be considered unless a parent or guardian has signed.*

Parent/Guardian Signature	
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