

NEVADA LEARNING ACADEMY CHAPTER NATIONAL HONOR SOCIETY



Student Activity Information Form

NHS Selection Procedures

Nevada Learning Academy Chapter of the National Honor Society

Directions: Please complete all sections. Type or print all information and submit it by the published deadline. Do not be modest. Every bit of information will be used by the Faculty Council to assist with the fair consideration of your candidacy during the selection process. You may complete this form electronically, but it **must be printed and hand signed** for submission.

Completion and submission of this form does not guarantee selection. Should you have questions about this form, please contact: Thomas Dugan
(702) 420-6114
dugante@nv.ccsd.net

I. Administrative Information

Student Name _____

Current Grade Level _____

II. Leadership Positions—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 (e.g., elected officer for the student body, class, or club; committee chairperson; team captain; newspaper editor; work area manager; or other community leader). Please include the name of the adult responsible for supervising your leadership in each position.

Year	Leadership Position	Activity/Organization	Supervising Adult	Contact Information
9*				
10				
11				
12				

*Include grade 9 here and below only if included in the grades found at your school. If ninth grade is part of a middle level school, activities from that year should not be considered for the NHS selection process.

III. **Service Activities** — List service activities in which you have participated. These can be individual or group service projects done either in or out of school. Generally, service activities are those that are done for or on behalf of others (not including immediate family members) 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.

Grade	Activity	Hours of Service	Supervising Adult	Contact Information
9*				
10				
11				
12				

IV. **Other Student Activities**—List all other school-based activities (not noted above) in which you have participated in school. Include clubs, teams, musical groups, etc., and any significant accomplishments in each.

Grade	Activity	Accomplishments
9*		
10		
11		
12		

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	Community Activity	Hours	Accomplishments	Supervising Adult	Contact Information
9*					
10					
11					
12					

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 in the Honor Society. Work experience may be paid or volunteer.

Grade	Job, Recognition, or Award	Group or Activity	Hours Spent on Job or Activity (if applicable)	Supervising Adult	Contact Information
9*					
10					
11					
12					

VII. Signatures

I understand that completing and submitting this form does not guarantee selection to the Honor Society. I attest that the information presented here is complete and accurate. If selected, I agree to abide by the standards and guidelines of the chapter and to fulfill all of my membership obligations to the best of my ability.

Student Signature _____ Date _____

I have read the information provided by my son/daughter on this form and can verify that it is true, accurate, and complete.

Parent Signature _____ Date _____

Parent phone number(s) _____
Cell Phone Home Phone Work Phone

Parent email _____

We request this so that we can notify you regarding important details.

Return completed form to Mr. Thomas Dugan. This form may be hand delivered, mailed, or faxed. While you may complete this form electronically, the final copy **must be printed and hand signed**.

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