BRIARCLIFF HIGH SCHOOL – THE NATIONAL HONOR SOCIETY

The information that you provide on this form will be used by the Faculty council to assist in the selection process.

DIRECTIONS

- 1. Please type or neatly print the information requested in this packet. Be sure to get the required phone numbers and signatures for any references you list.
- 2. When you turn in your application, please enclose a check made out to Briarcliff Manor UFSD for \$20. This must be received by Friday, September 22 and will cover the cost of the NHS stoles worn at graduation. The check will only be deposited if the applicant is accepted.
- 3. There will be a meeting to collect applications on Friday, September 22nd in the Troy Lecture Hall at 8:15 am. Please do not hand in applications before this time.
- 4. In addition to this packet, attach a minimum of a 150 word typed statement on why you wish to become a National Honor Society member. Feel free to include any special information about yourself that was not listed in the categories provided which enhances your candidacy.

FINAL DEADLINE FOR PACKET IS: FRIDAY, SEPTEMBER 2	
FULL NAME:	
PHONE NUMBER:	
FULL NAME AND ADDRESS OF PARENT/GUARDIANS:	

NOTIFICATION OF SELECTION OR NON SELECTION WILL BE MADE IN WRITING IN ACCORDANCE WITH THE DECISION OF THE FACULTY COMMITTEE. COMPLETION OF THIS FORM DOES NOT GUARANTEE SELECTION. INFORMATION ON THE INDUCTION CEREMONY WILL BE GIVEN WITH THE SELECTION NOTIFICATION.

CO-CURRICULAR ACTIVITIES:

LIST ALL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING HIGH SCHOOL, SUCH AS CLUBS, TEAMS, MUSIC PROGRAMS, DRAMA, ETC...

ACTIVITY	9 TH	10 TH	11 TH	12 TH	Accomplishments/Name of Advisor

COMMUNITY ACTIVITIES:

LIST ANY COMMUNITY/VOLUNTEER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED AND NOTE ANY SPECIAL ACCOMPLISHMENTS. THESE ACTIVITIES CAN BE OUTSIDE OF SCHOOL IN WHICH YOU PARTICIPATED FOR THE BETTERMENT OF YOUR COMMUNITY. BE SURE TO INCLUDE THE NAME AND PHONE NUMBER OF AN ADULT SPONSOR.

COMMUNITY ACTIVITY	9 TH	10 TH	11 TH	12 TH	No. of Hrs/Wk	Service Provided	Sponsor/ Phone Num.

WORK EXPERIENCES:

LIST BELOW ANY JOB EXPERIENCES (PAID OR UNPAID) YOU HAVE HAD:

TYPE OF JOB	EMPLOYER	DATES	VOLUNTEER	NUMBER OF
		EMPLOYED	OR PAID?	HOURS/WEEK

LEADERSHIP POSITIONS:

LIST ALL ELECTED OR APPOINTED LEADERSHIP POSITIONS HELD IN SCHOOL, COMMUNITY OR WORK ACTIVITY. ONLY THESE POSITIONS IN WHICH YOU WERE DIRECTLY RESPONSIBLE FOR DIRECTING OR MOTIVATING OTHERS SHOULD BE INCLUDED.

LEADERSHIP POSITION	9 TH	10 TH	11 TH	12 TH	ACTIVITY OR ORANIZATION

RECOGNITION AND AWARDS:

RECOGNITION/AWARD	9 TH	10 TH	11 TH	12 TH	DESCRIPTION