



CodeRVA Regional High School Chapter of the National Honor Society

- ☐ NHS Application Form (this form)
- ☐ NHS Application Essay

Due: December 11, 2020 - 3:30 PM

CodeRVA REGIONAL HIGH SCHOOL 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.** All information will be used by the faculty council to assist with the fair consideration of your candidacy during the selection process. Completion of this form does not guarantee selection. Should you have questions about this form, please contact Mr. Barbieri thomas.barbieri@coderva.org or Ms. Schuler sally.schuler@coderva.org.

To join the NHS there is a one time \$30 fee that is used for the NASSP national organization registration, as well as activities done in the NHS. If you are unable to pay these dues, please contact your school counselor and waivers can be issued. These dues are also due on December 11, 2020 - 3:30 PM.

Student Information

Name: _____

Student Email address: _____

Grade level: _____

Morning Meeting Room/Teacher: _____



Leadership Positions

List all elected or appointed leadership positions you have held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included. Examples: elected officer for the student body, class, or club; committee chairperson; team captain; newspaper editor; work area manager; or other community leader.

or

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 speaking, service activities are those that are done for or on behalf of others (not including immediate family members) for which no compensation (monetary or other) has been given.

Include at least two

Activity	Dates Involved	Adult and Contact
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email:

		and/or Phone Number:



In school and out of school activities

List all school-based or community activities (*not* noted above) in which you have participated in. Include clubs, teams, musical groups, etc., and any significant accomplishments in each. You can also include any activities outside of school which you have participated in for the betterment of your community.

Include at least two

Activity	Dates Involved	Adult and Contact
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:





Work Experience, Recognition, and Awards

Though not a specific criterion for membership, please list below any job experiences, honors, or recognition you have received that support your candidacy for membership in the Honor Society. Work experience may be paid or volunteer.

Include at least two

Activity	Dates Involved	Adult and Contact
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:
		Adult Contact Email and Phone Number Contact Name: Email: and/or Phone Number:





Teacher recommendations

Please contact 2 CodeRVA teachers and politely ask them if they would be willing to recommend you as a member of NHS. You do not need to ask the teachers for written recommendations.

The teachers you contacted are...

Teacher 1:	
Teacher 2:	

Signed Statement

I understand that completing 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. Your typed name will serve as your signature.

Student Signature:

Date:

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

Parent/Guardian Signature:

Date:

Share this completed form as well as the essay with Mr. Baribieri (thomas.barbieri@coderva.org) and Ms. Schuler (sally.schuler@coderva.org)

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