



JOSH FRASE 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 Ms. Alvarez in room 204 if your last name starts with A-M or Ms. Knowles in room 665 if your last name starts with N-Z.

Student Information

Name Student Number

Grade level Social Studies Teacher and Period

Completion of this form is necessary for selection, yet does NOT guarantee selection. Any section that is left blank without subsequent explanation will be considered invalid.

-----ADVISORS COMPLETE BELOW-----

Date Application Received: _____

-----ADVISORS COMPLETE ABOVE-----



I. Required Sections

A. Scholarship

In order to be eligible for membership in the Ponte Vedra National Honor Society Chapter you must be a sophomore, junior, or senior and have a cumulative high school **unweighted GPA of 3.5**. This GPA will be calculated once Fall 2019 scores are verified. The NHS advisors will record your GPA. No honors or Advanced Placement courses are required for this year's requirements. *If you are unsure of your GPA please see your guidance counselor.

B. Leadership

List specific examples that highlight **your leadership abilities in school, classes, and in the community (1 of each is always good to include)**. Some examples can include, but are not limited to, leading group activities in the classroom and in the community, being an officer in a club, being a primary member of the band or choir, or being the captain of a sports team. You may include all elected or appointed leadership positions you have held in school, community, or work activities. **Check off what grade(s)** you were in when you completed the activity. Please include the name of the adult responsible for supervising your leadership in each position.

| Activity | Grade | | | | Adult Sponsor/Supervisor |
|----------|-------|----|----|----|--------------------------|
| | 9 | 10 | 11 | 12 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List additional comments or explanation. If the above section is left blank, please explain why.



C. Service

Please attach a cover sheet of your service hours in which you have participated in and outside of school demonstrating your contribution to the betterment of the community. Generally speaking, service activities are those which are done for or on behalf of others (NOT including immediate family members) for which no compensation (monetary or other) has been given. Examples: religious groups, Boy or Girl Scouts, 4H, volunteer group's community art endeavors, etc.) Please include the name of the adult supervisor name who can verify your participation in each activity. Their name should be next to the activity (neatly if hand-written). **Applicants must provide verification of all claimed hours.**

Service requirements vary per grade level. To fulfill the requirements for acceptance you must have the following hours by the time you apply.

Seniors: 30 hours

Juniors: 20 hours

Sophomores: 10 hours

Check off what grade(s) you were in when you completed the service hour(s). Please include the name of the adult responsible for supervising your service.

| Activity | Grade | | | | # of Hours | Adult/Faculty Supervisor |
|----------|-------|----|----|----|------------|--------------------------------|
| | 9 | 10 | 11 | 12 | | |
| | | | | | | Name : Contact Information: |
| | | | | | | Name : Contact Information: |
| | | | | | | Name : Contact Information: |
| | | | | | | Name : Contact Information: |

***Please provide verification of any additional service hours you wish to claim.**

Please list additional comments. If the above section is not completed, please explain why.



D. Character

Input and reflection from the Ponte Vedra faculty and staff will be gathered during the application process. Any input will be considered by the faculty council, but does not automatically eliminate students.

E. Affirmation

I understand that completing this application **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. I can also affirm that I have also not completed it on behalf of my child.

Parent/Guardian Signature: _____ **Date:** _____

Return completed form (DO NOT leave anything blank) by Friday, October 25th to Ms. Alvarez in room 204 if your last name starts with A-M or Ms. Knowles in room 660 if your last name starts with N-Z. It will only be accepted before OR after school. Please do not interrupt classes.