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**Palm Harbor University High School**

# National Honor Society

# Application for Membership 2024-2025

Dear Students and Parents:

Membership in NHS is an honor bestowed on students who demonstrate outstanding scholarship, leadership, service, and character. Once selected, members have the responsibility to continue to demonstrate these qualities in order to remain in good standing. NHS membership is not simply an honor; it is also a **commitment** to attend all monthly scheduled meetings, participate in NHS service projects, and to demonstrate leadership in the community. A voting committee composed of teachers from each of the three programs at PHUHS conducts selection for National Honor Society membership, with the opportunity for input from the entire PHUHS faculty. The faculty sponsor does not select members for acceptance.Please review the chapter bylaws for more information on the selection process.

You have been **invited to apply** to our National Honor Society chapter based on your academic standing, which satisfies the scholarship standard. In order to be accepted into NHS, you must also clearly exhibit the other standards for induction: leadership, service, and character.

## Directions for completing the application

* Students must complete and sign the application by hand on their own. In order to ensure authentic submissions, typed or faxed applications will not be accepted.
* Ensure that examples of ‘Leadership’ and ‘Service’ truly exemplify the standards as outlined by NHS. These standards are national standards and are followed closely, much like a rubric. If the student is unable to successfully demonstrate the ‘**Leadership’ and/or ‘Service**’ criteria, the student will not be granted membership.
* The application and its contents are subject to verification. Do not falsify, exaggerate, or misrepresent any information/documentation in the application. Such incidents, however unintentional, may compromise the NHS ‘Character’ standard and result in a denied application. Contacts will be made to verify the validity of your statements.
* Read the application carefully. Every section must be completed in its entirety. This includes Sections I-V.
* Unfortunately, because of the hundreds of potential applicants, **any portions of the application left incomplete will result in the applicant being denied membership into NHS**. In addition, vague explanations can result in denial of membership. Be very specific and provide as much detail as possible. Do not assume the faculty committee is knowledgeable of organizations and the context of your volunteering or leadership. Details must be provided.
* Completed and signed applications must be submitted directly to Ms. Stiehler’s mailbox in the main office by Friday, September 13, 2024 by 2:15 pm. Due to the length of time provided, applications will not be accepted after this date. Good luck and congratulations on your academic success!
* The application begins on page 4. Please print and complete the application by hand. Pages 1-3 are for your reference and contain important instructions.

**NHS Standards for Induction**

**Leadership:** Students must demonstrate leadership in their application by providing *specific* examples of leadership endorsed/verified by an adult/teacher who supervised the activity. See Section II. **Leadership and Service submissions must not be the same activity.** **Leadership and service submissions must be 2 distinctly different activities.**

For example: Serving on a student board for a club and volunteering in a project that you designed as a board member would not be an acceptable differentiation.

**Service:** Students must demonstrate at least 30 hours of service in their application by providing evidence of school or community services endorsed/verified by an adult/teacher who supervised the student’s involvement. See Section III.

**Leadership and Service submissions may not be the same activity. Leadership and service submissions must be 2 distinctly different activities.**

For example: Working as a camp counselor at the YMCA and volunteering in the Kid’s zone at the YMCA as a counselor would not be an acceptable differentiation.

**Character:** Character will be assessed by the entire PHUHS faculty. Students must receive a minimum number of faculty support votes in order to meet this criterion. Discipline records will be reviewed. If a student has 2 or more disciplinary referrals, he/she is not eligible to apply. Students may address any outstanding issues in their application. See Section IV.

**Please make note:**

* None of the requirements for acceptance will be ignored and no exceptions will be made.
* These requirements come directly from the National Honor Society and must be strictly adhered to in order for PHUHS to maintain its charter.
* If you have questions about any portion of the application, please see Ms. Stiehler in Building 7-116 before the deadline or email stiehlerr[@pcsb.org](mailto:blake-harriss@pcsb.org).

**Membership Notification**: Following the submission deadline, the faculty committee will review each application. Students who meet the requirements for the standards of induction will be notified of acceptance via a letter delivered to their fourth period class.

**NHS Standard Description: Leadership**

In accordance with the national standards, the PHUHS Chapter uses the following criteria to describe a student who exercises *leadership*:

* Leadership roles in both school and community may be considered, provided they can be verified.
* Only positions in which you are responsible for delegating/directing others should be included.
* List any elected or appointed leadership positions held in school, work, or community activities.
* Examples of leadership might include chairing a committee, student council, class or club executive board, newspaper editor, work manager/trainer, or planning and organizing an event.
* ***Non examples:*** Tutoring, having a “shadow,” class assignments or projects, babysitting.
* **Leadership and Service submissions may not be the same activity. Leadership and service submissions must be 2 distinctly different activities.**

When completing the leadership and service sections, describe, **IN AS MUCH DETAIL AS POSSIBLE**, ways in which you have demonstrated the above criteria in leadership in school or community during **high school years beginning with 9th Grade.** Do not assume the faculty committee is knowledgeable of organizations and the context of your volunteering or leadership. Vague explanations will result in a denied application.

Students must demonstrate **at least one** leadership activity. Two submissions are strongly recommended.

* Include your exact role as a leader
* How long you were in this leadership capacity (Dates may not be left blank)
* The details of your responsibilities (Vague answers often result in denial) be clear.
* The more information you provide, the better the NHS Faculty Committee will understand your role.

**NHS Standard Description: Service**

Those selected to NHS must be able to provide evidence of school or community service. Please list service activities you have been involved in during your high school years beginning with 9th grade. Hours done through Bright Futures or other programs are accepted.

* These projects may be completed in a group or individually
* These projects may be completed either in or out of school
* The student must demonstrate a **minimum of 30 service hours**
* Service activities are those which are done for or on the behalf of others (not including immediate family members) for which no compensation (monetary or other) has been given.
* **Leadership and Service submissions may not be the same activity. Leadership and service submissions must be 2 distinctly different activities.**

In each case, please provide:

* The name of the organization for which the service was provided
* The approximate date and duration of the service (do not leave dates blank)
* The number of hours of service given
* A concise description of the type of service performed.

For each activity, please have the adult supervisor in charge of the activity verify each role you list by signing the application and indicating his or her title next to the appropriate activity. *Parent signatures will not be accepted.* ***Without a signature for each role listed, the application will be incomplete and will not be considered.*** *Signatures from staff members are only if they personally supervised the activity, not because they supervise volunteer hours for CWMP and IB.*

**NHS Application - Section I Contact Information**

**Student Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print legibly) First Last*

**Grade** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Street Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Day Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application: Section I - Contact Information Continued**

Are you participating in dual enrollment or early college?

* No
* Yes

If yes, you must understand that it is your responsibility to stay informed, complete service hours, and attend monthly meetings when classes are not scheduled. How do you plan to do these things? (Asking a friend for info is not an acceptable plan of action)

Are you participating in ‘On the Job Training’?

* No
* Yes

If yes, how do you plan to attend NHS meetings after school or participate in after school service projects?

Monthly meeting attendance is required for membership. Our meetings are held the first Mon of every month. Will your participation in other after school activities/clubs interfere with your ability to attend NHS meetings after school or participate in after school service projects?

* No
* Yes

If yes, how do you plan to make NHS a priority and attend meetings after school or participate in after school service projects?

On the scale below, please circle the number that best indicates your desire to be an active member in NHS.

1- Not very interested. I’m just completing this application because I was invited to do so.

2-A little interested. I’m curious to see what this organization is all about.

3-Fairly interested. I’d like to be granted membership

4-Very interested. I will make NHS responsibilities a top priority.

Are there any special circumstances or situations that should be made known to the Faculty Committee? Are there any arrangements which may prevent you from participating in required NHS activities? All such information will be held in strict confidence.

**Application Section II – Leadership**

**LEADERSHIP ACTIVITY 1 (MANDATORY)**

**Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *Leadership Position/Title* |  |
| *Location of Activity* |  |
| *Description of Responsibilities*  *BE SPECIFIC!* |  |
| *Dates of Participation* |  |

**LEADERSHIP ACTIVITY 2 (RECOMMENDED)**

**Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *Leadership Position/Title* |  |
| *Location of Activity* |  |
| *Description of Responsibilities*  *BE SPECIFIC!* |  |
| *Dates of Participation* |  |

**Application Section III – Service**

**SERVICE ACTIVITY 1 (MANDATORY)**

**Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *Name of Organization* |  |
| *Dates of service* |  |
| *# of hours completed* |  |
| *Description of the service performed* |  |

**SERVICE ACTIVITY 2 (RECOMMENDED)**

**Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| ***Na*** *Name of Organization* |  |
| *Dates of Service* |  |
| ***#***  *# of hours completed* |  |
| *Description of the Service Performed*  ***De*** |  |

**NHS Application – Section IV Character**

Please use this section to address and/or explain any disciplinary actions you have received during your high school years. This includes, but is not limited to Palm Harbor University High School. Any information you choose to share will be held in strict confidence.

Because the entire PHUHS faculty has the opportunity to provide feedback to the deciding Faculty Committee, this is your chance to speak *on your own behalf*.

Have you received any disciplinary referrals or detentions at PHU or any other high school?

* No
* Yes

If yes, please explain the nature of the referral/detention. When did the event(s) occur? Who was involved? At which school did the event(s) occur? Which administrators/teachers were part of the process? How was it resolved? What, if anything, did you gain from this experience? Please use the reverse or attach additional pages as necessary. Any important details or previous offenses omitted could result in denial.

Below, write any information you think would be helpful for the deciding faculty committee to know about your character.

**NHS Application Section V – Verification Signatures**

We, the undersigned, have read through this application and understand the significance of honesty in completing the entire application (Sections I-V).

Section I- Contact Information (name, address, phone, schedule)

Section II- Leadership (examples of leadership roles)

Section III- Service (examples of service projects/volunteerism)

Section IV- Character (explanation of any referrals/detentions)

Section V- Signature page

We are aware of the application process and the criteria used to select members to NHS.

We understand that ***any*** portions of the application left incomplete will result in the applicant being denied membership into NHS. This includes dates.

We are aware that submissions for the leadership and service sections may not be the same activity.

We are aware of the NHS application appeal process and deadlines.

My signature certifies my knowledge and understanding that if inducted, the student will participate in the activities required to fulfill NHS obligations and adhere to the bylaws of NHS to the best of his or her abilities.

Student Name (**print**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_