

**NHS Parent/Student Information Night** will be held on **Wednesday, August 22<sup>nd</sup> 5 – 6pm.** At this meeting, Mrs. Davis and Mrs. Stuart will explain the selection process and will be available to answer questions regarding the upcoming selection.

Instructions for completing the NHS Candidate Form:

1. Carefully read and complete the entire attached document with your personal information. You may either neatly print or type in the spaces provided. Add additional rows, if necessary.
2. Print a copy of your completed form and obtain necessary signatures.
  - Contact Information for ALL supervisors is required.
  - WDHS faculty signatures are required.
  - Outside supervisor signatures are encouraged but if you are UNABLE to obtain them, ask the supervisor to email Mrs. Davis to verify your participation or attach verification to the end of your form.
    - If you are unsuccessful in obtaining any of the above (for outside supervisors), please provide details in the comments section.
3. There will be a mandatory meeting with students on **Monday, September 10<sup>th</sup>** during homeroom in the media center to discuss the selection process.
4. If you would like assistance, please attend one of the after school information sessions in room 18 held on **September 6<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> at 2:15-3:00pm.**
5. Scan your entire document (with all pages in the correct order) including additional verification forms (if necessary), save it as “your name” NHS form. Check to be sure that your scan is your final & complete document and email it to Mrs. Davis [jdavis@wdeptford.k12.nj.us](mailto:jdavis@wdeptford.k12.nj.us) **no later than 2:30pm on Friday, September 14th**
6. You will receive an email response as a receipt. If you do not receive one within 24 hrs, see Mrs. Davis or Mrs. Stuart immediately.
7. Please note, incomplete forms, forms with inaccurate information, or forms received after the deadline will be considered voided.

**NATIONAL HONOR SOCIETY**  
**West Deptford High School**

**CANDIDATE FORM**

**DIRECTIONS:** Please complete all sections. Type or print all information and submit it by the published deadline. If you need additional space, please add rows to each table. **Do not be modest, it is ok to brag about yourself!!!** 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 entire form does not guarantee selection. Should you have any questions about this form, please contact West Deptford's NHS chapter advisors.

**I. ADMINISTRATIVE INFORMATION:**

NAME:	
GRADE LEVEL:	
ADDRESS:	
HOME PHONE:	
PARENT/GUARDIAN NAMES:	

**II. OBLIGATION STATEMENT:**

Read and sign the following statement in the space provided:

I have read and do understand and promise to follow all specific rules of the West Deptford High School Chapter of the National Honor Society if I am selected to be a member. In addition, I understand that the four cardinal National Honor Society virtues of character, leadership, scholarship, and service must be upheld, and that I am to be a role model in these virtues to the members of my school if I am selected to the National Honor Society. If, when and if selected as a member of the National Honor Society, I fail in my obligation to espouse these ideals, I realize that my membership could be in jeopardy of probationary measures or termination. If selected, I promise to hold true the National Honor Society motto *Noblesse Oblige* while maintaining the high standards of the organization.

CANDIDATE SIGNATURE

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### NHS CANDIDATE ACTIVITY INFORMATION

**III. Leadership Position (Required):**

List all elected or appointed leadership positions held in school, community or work activities. Only those positions in which you were directly responsible for directing, motivating, or leading others should be included. For example, elected student body, class, or club officer; committee chairperson, team captain, newspaper editor, work area manager, or community leader. Please ask an adult supervisor who can verify your participation in each activity to sign on the appropriate line. (Contact Information for All supervisors is required. WDHS faculty signatures are required. Outside supervisor signatures are encouraged but if you are unable to obtain them, ask the supervisor to email Mrs. Davis to verify your participation or attach verification to the end of your form. If you are unsuccessful in obtaining any of the above for outside supervisors, please provide details in the comments section.)

**Only activities during your high school years will be considered. MUST BE a COMPLETED role (not something you just started).**

Leadership Role	Grade Level(s)	Activity/ Organization	Description (What was your responsibility? Who or what did you lead?)	Signature of Adult Supervisor	Supervisor Contact Information (phone or email)

**Comments:**

## NHS CANDIDATE ACTIVITY INFORMATION

### IV. Service Activities (Required):

List service activities in which you have participated and describe your participation. These should include activities both inside and outside of the school community. Generally speaking, **service activities are those that are done for or on behalf of others (not including family members), for which no compensation (monetary or other) has been given.** For example, volunteer at a nursing home, church mission trips, Boy or Girl Scouts, volunteer groups that perform activities out of regular school hours, etc. Activities performed by your club or team which benefit your club or team only are not considered service. Please ask an adult supervisor who can verify your participation in each activity to sign on the appropriate line and list the estimated number of hours you invested while performing this service. (Contact Information for All supervisors is required. WDHS faculty signatures are required. Outside supervisor signatures are encouraged but if you are unable to obtain them, ask the supervisor to email Mrs. Davis to verify your participation or attach verification to the end of your form. If you are unsuccessful in obtaining any of the above for outside supervisors, please provide details in the comments section.)

**Only activities during your high school years will be considered. MUST BE COMPLETED (not something you just started).**

Activity	Grade Level(s)	Description (What was your role? Who or what benefited from your participation?)	Estimate Hours & Frequency	Signature of Adult Supervisor	Supervisor Contact Information (phone or email)

**Comments:**

**NHS CANDIDATE ACTIVITY INFORMATION**

**V. Extra-curricular (School) Activities (Required):**

List all other student activities (not noted above) in which you have participated through the high school. Include clubs, teams, musical groups, etc. and any significant accomplishments in each. Please ask an adult supervisor who can verify your participation in each activity to sign on the appropriate line. (Contact Information for All supervisors is required. WDHS faculty signatures are required. Outside supervisor signatures are encouraged but if you are unable to obtain them, ask the supervisor to email Mrs. Davis to verify your participation or attach verification to the end of your form. If you are unsuccessful in obtaining any of the above for outside supervisors, please provide details in the comments section.)

<b>Extracurricular Activity</b>	<b>Grade Level (s)</b>	<b>Description/Accomplishment</b>	<b>Signature of Adult Supervisor</b>	<b>Supervisor Contact Information (phone or email)</b>

**Comments:**

## NHS CANDIDATE ACTIVITY INFORMATION

### VI. Community Activities (Optional):

List all other community activities, completed on your own (not noted above) in which you have participated during your high school years. Examples: club sport teams, church/youth groups, parade participation, performances, WD family fun day, theater groups, etc.

Community Activity	Grade Level (s)	Description/Accomplishment	Signature of Adult Supervisor	Supervisor Contact Information (phone or email)

Comments:

**NHS CANDIDATE ACTIVITY INFORMATION**

**VII. WORK EXPERIENCE, RECOGNITION, and AWARDS (Optional):**

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

<b>Job/Honor/ Recognition</b>	<b>Grade Level(s)</b>	<b>Description/ Hours</b>	<b>Signature of Adult Supervisor</b>	<b>Supervisor Contact Information (phone or email)</b>

Comments:

**NHS CANDIDATE INFORMATION**

**Have you ever received any administrative disciplinary consequences (Administration Detention, Evening, Saturday, Internal or External) during your high school years? If so, please briefly explain the circumstances of each event. Be honest, any information which is omitted will automatically void your application.**

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**Note: All criteria of Leadership, Character, and Service are reproduced from the National Honor Society Handbook pertaining to selection.**

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**CANDIDATE FORM TERMS AND CONDITIONS\*\***

1. I certify that, to the best of my knowledge, the information submitted to the WDHS Chapter of the NHS on the application is complete and accurate.
2. I understand that completing this form does not guarantee selection to the NHS.
3. I understand that this form is my responsibility. I have checked the form for completion and understand that if I have omitted requirements, my form will be considered voided.
4. By completing and returning the application, I understand that I am agreeing to these terms and conditions.
5. I understand that the criteria presented for selection is the same criteria that expected to be maintained as a member of the NHS.
6. If selected, I understand that I must attend after school meetings and activities.

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**Student's 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 in its presentation.

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**Parent/ Guardian Print Name**

**Date**

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**Parent/ Guardian Signature**

**Date**

**\*\*If any part of this application is found to be inaccurate or incomplete, the application is deemed null and void. If the inaccuracy is found after induction into the National Honor Society, then membership is deemed null and void.**