

NHS Student Activity Information Sheet

DIRECTIONS: Please complete all sections. All information you provide may be considered by the Faculty Council to assist them with the selection process. Completion of this form **DOES NOT** guarantee automatic selection. Please print and fill out by hand.

NAME: _____ **Year in School:** _____

Address: _____

Town: _____ **State:** _____ **ZIP:** _____

Student ID: _____

Student Email Address: _____

Print Your Name Here For the NHS Certificate: _____

SECTION I: CO-CURRICULAR/COMMUNITY ACTIVITIES: List all activities in which you took part during high school. Include clubs, teams, church groups, scouting, etc.

Activity	Year[s] in School You Participated	Accomplishment

SECTION III: SERVICE. List any non-paid, non-credit activity you were involved in where you were a volunteer and provided service to others. For example, 5K Run for Cancer, Making sandwiches for PADS, Explorers, Community Fundraisers, etc. **YOU MUST** have an official signature to verify your participation OR list a name and phone or email.

Activity	Year [s] in School You Participated	Contact Info

SECTION IV: WORK EXPERIENCE, RECOGNITION, AWARDS. List any jobs held, honors or recognition you received

Job/Honor/Recognition	Year[s] in School You Held Position	Activity/ Organization

SECTION VI: PERSONAL STATEMENT. Please write a personal statement about why you deserve to be chosen. Include any special situation you may have that you would like to share. (Please do not go over 1 page, it is not necessary to fill the page.)

Signature _____

Date _____