

STUDENT NAME: \_\_\_\_\_

**SOUTH CHARLESTON HIGH SCHOOL  
NATIONAL HONOR SOCIETY**

**Ms. Kimberly Williams, Principal  
Barbara Ames, Curriculum Assistant Principal  
Andrew Johnson, Assistant Principal  
Julie Blaylock, NHS Adviser**

The National Honor Society Application Checklist is for your use. Please make sure your application is in order. *Your teacher recommendations, administrator form, and school counselor forms will be turned in directly to Ms. Blaylock, from those filling out the forms. Print this application to turn in a hard copy.*

- Rubric with name at top
- Personal data page
- Two teacher recommendation forms – **complete the top portions only and deliver to your recommending teacher.**
- Signature page
- Leadership personal statement
- Community service form
- Extracurricular Activity form
- Administrator’s office form-- **complete the top portion only and deliver to Mr. Johnson.**
- School Counselor recommendation form—**complete the top portion only and deliver to your school counselor—Mrs. Campbell, Ms. Nichols, Mrs. Miller, or Ms. Stevens**

**Applications must be received end of day **Friday, January 14, 2022****

**Deliver to Ms. Blaylock in Room 210**

STUDENT NAME: \_\_\_\_\_



**SOUTH CHARLESTON HIGH SCHOOL  
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Julie Blaylock, Adviser

**THE MINIMUM # OF POINTS NEEDED FOR NHS SELECTION IS 8,**  
**WITH POINTS EARNED IN EACH CATEGORY BELOW.**

SCHOLARSHIP			LEADERSHIP			SERVICE			CHARACTER	
<b>GPA</b>		<b>PTS</b>	<b>STANDARD</b>		<b>PTS</b>	<b>HOURS</b>		<b>PTS</b>	<b>POINTS</b> (based on Teacher, Guidance Counselor, and Administrator's ratings)	
4.0 +	=	<b>3</b>	Exceeds	=	<b>3</b>	*101+	=	<b>4</b>	Outstanding & Excellent	<b>4</b>
3.90+	=	<b>2</b>	Meets	=	<b>2</b>	76-100	=	<b>3</b>	Good & Above Average	<b>3</b>
3.80+	=	<b>1</b>	Below	=	<b>1</b>	51-75	=	<b>2</b>	Average	<b>2</b>
						1-50	=	<b>1</b>	Below Average	<b>1</b>
<b>Sub-Total</b>		=	<b>Sub-Total</b>		=	<b>Sub-Total</b>		=	<b>Sub-Total</b> =	
<p>A "Grade Point Average" (GPA) is the cumulative weighted average reflected on the student's transcript at the end of the previous Fall term for Spring inductions.</p>			<p><b>Leadership is based on Student Essay and Student Activities form.</b></p> <p style="text-align: center;"><b>ESSAY STANDARD</b></p> <p><b>EXCEEDS:</b> Essay is well organized; demonstrates style and clarity. Provides thorough explanation of leadership activity. Uses precise language consistently appropriate to the purpose in a style that engages the reader.</p> <p><b>MEETS:</b> Essay shows relevant and sufficient examples of student leadership. Uses language appropriate to the purpose. Demonstrates a command of standard English conventions with occasional minor errors.</p> <p><b>BELOW:</b> Essay does not relate to the question and contains no example of leadership in action. Uses basic language with some improper usage of words and phrases. Grammar/Spelling errors detracts from the essay.</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;"><b>ACTIVITIES STANDARD</b></p> <p><b>EXCEEDS:</b> Student participates in 3 or more activities. At least 2 activities are for a year or more.</p> <p><b>MEETS:</b> Student participates in 2 activities. At least 1 activity is for a year or more.</p> <p><b>BELOW:</b> Student participates in 1 or less activity and/or activity participation is for one semester.</p>			<p>A student must perform unpaid volunteer service to a non-profit organization or other entities in the local community. Documentation must be included.</p>			<p>A student must demonstrate high standards of character.</p> <p>The NHS Faculty Council considers subject area teacher input, Administrator updates, and other relevant data / materials when evaluating character.</p>	

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Personal Data**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Zip Code  
City and State

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**General Directions:** Use the checklist to be sure all parts of the application are included. Follow the specific directions on each page. Application pages should be completed --either printed or handwritten *NEATLY*.

**Incomplete applications will not be reviewed. Late applications will not be reviewed.**

Return your completed application to Ms. Blaylock in the Room 210.

**Deadline: Friday, January 14, 2022. BY 4:00pm**

**Teacher Recommendations:** In the spaces below, **name the two teachers** you will ask to recommend you. Complete the table. A recommendation **must** be given to a teacher whose class you have taken or are currently taking. You **cannot** use a coach, activity sponsor, counselor or non-teaching staff person. **THE TEACHER RETURNS THE FORM DIRECTLY TO MISS BLAYLOCK.**

Teacher/Counselor	Course	Semester /Year

**Questions:** If you have questions or need help completing the application, you may contact your adviser:

Julie Blaylock Room 210

jblaylock@mail.kana.k12.wv.us

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Signature Page**

**To be completed by the applicant:**

I understand that completing and submitting this application does not guarantee selection to the National 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 my membership obligations to the best of my ability.

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_  
(Date)

**To be completed by the parent or guardian of the applicant:**

I have reviewed the application and give permission for my child to apply to the South Charleston High School chapter of the National Honor Society. I understand that annual dues are associated with my child's membership.

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_  
(Date)

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Leadership Personal Statement**

**Directions:** Please answer the following questions. Type in complete sentences, neatly, and clearly.

**What leadership qualities/skills do you see in yourself? Describe an activity or experience in which your participation made a difference. How did your leadership qualities/skills influence the outcome? Give examples.  
(Maximum of 250 words)**

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Community Service Form**

**Please list your total numbers of community service hours submitted to SCHS to date:** \_\_\_\_\_

*\*\*We will verify this information with Mrs. Ellis. If you have community service hours but have not submitted them yet, please see Ms. Ellis.*

**Directions:** Complete these pages for your one or two most meaningful unpaid community service experiences. These should be events **OUTSIDE** of South Charleston High School activities.

**Describe the service you performed, confirm your dates of service and total hours with your sponsor and have them sign below. We must have contact information for your sponsor.**

1.

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Sponsor Name & Title:** \_\_\_\_\_

**Sponsor phone:** \_\_\_\_\_ **Sponsor email if available:** \_\_\_\_\_

**DESCRIPTION OF SERVICE:**

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

**Dates of Service:** \_\_\_\_\_ **Total Hours of Service:** \_\_\_\_\_

**SPONSOR SIGNATURE & AFFIRMATION:**

*I affirm that the above student performed the service described above for our organization:*

**SPONSOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Community Service Form**

**NHS COMMUNITY SERVICE FORM (cont.)**

2.

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Sponsor Name & Title:** \_\_\_\_\_

**Sponsor phone:** \_\_\_\_\_ **Sponsor email if available:** \_\_\_\_\_

**DESCRIPTION OF SERVICE:**

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

**Dates of Service:** \_\_\_\_\_ **Total Hours of Service:** \_\_\_\_\_

**SPONSOR SIGNATURE & AFFIRMATION:**

*I affirm that the above student performed the service described above for our organization:*

**SPONSOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*(If you have more than two community service sponsors/organizations, you may make copies of this form.)*

STUDENT NAME: \_\_\_\_\_

**South Charleston High School**  
**National Honor Society Application**  
**EXTRACURRICULAR ACTIVITY FORM**  
*(considered under Leadership Rubric)*

**Directions:** List all activities in which you have participated during high school years. These can be outside of school also. Include clubs, teams, musical groups, youth groups, etc. Please include any major accomplishments for an activity (ex. Office, Captain, director, 1<sup>st</sup> team, all-state, etc.). Also, note the name and contact information of the coordinator you worked with in this activity. An additional sheet may be attached, if necessary.

ACTIVITY	YEAR (9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> )	Accomplishment	Coordinator/Contact Information



STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Teacher Recommendation Form**

**Applicant: Complete the top portion only.**

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

Teacher Name: \_\_\_\_\_

.....  
This student is seeking to become a member of the National Honor Society. The Faculty Council would like your input to help make its decision.

What course did you teach this student and when? \_\_\_\_\_

Check the appropriate box that best describes the character of the student.

Attribute	Truly Outstanding (top 2-3%)	Excellent (Top 10%, but not top 2-3%)	Good	Average	Below Average	No Basis for Judgment
Responsibility						
Maturity and self-discipline						
Self-confidence						
Sense of humor						
Concern for others						
Integrity						
Reaction to setbacks						
Compliance with school regulations						
Cooperation with others						

**Recommendation:** \_\_\_\_\_ recommend without reservation  
\_\_\_\_\_ recommend with reservation (Please comment).  
\_\_\_\_\_ do not recommend (Please comment).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT RETURN TO THE APPLICANT.**

**Please sign and return to the mailbox of Julie Blaylock by Friday, January 14, 2022. Thank you.**

STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Teacher Recommendation Form**

**Applicant: Complete the top portion only.**

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

Teacher Name: \_\_\_\_\_

.....  
This student is seeking to become a member of the National Honor Society. The Faculty Council would like your input to help make its decision.

What course did you teach this student and when? \_\_\_\_\_

Check the appropriate box that best describes the character of the student.

Attribute	Truly Outstanding (top 2-3%)	Excellent (Top 10%, but not top 2-3%)	Good	Average	Below Average	No Basis for Judgment
Responsibility						
Maturity and self-discipline						
Self-confidence						
Sense of humor						
Concern for others						
Integrity						
Reaction to setbacks						
Compliance with school regulations						
Cooperation with others						

**Recommendation:** \_\_\_\_\_ recommend without reservation  
\_\_\_\_\_ recommend with reservation (Please comment).  
\_\_\_\_\_ do not recommend (Please comment).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT RETURN TO THE APPLICANT.**

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STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Administration's Office Form**

**Applicant: Complete the top portion only.**

Student Name: \_\_\_\_\_ Official Class: \_\_\_\_\_

.....  
To the Administration's Office: This student is seeking to become a member of the National Honor Society. The Faculty Council would like your input to help make its decision.

Name of Administrator completing form: \_\_\_\_\_

Please verify if the student has an Administration record:

\_\_\_\_\_ **No, Student does not have an Administration's office record.**

\_\_\_\_\_ **Yes, Student has an Administration's office record. PLEASE COMPLETE SECTION BELOW.**

\_\_\_\_\_ **Student was suspended. Please list dates and infraction:**

**Incident 1:** \_\_\_\_\_

**Incident 2:** \_\_\_\_\_

**Incident 3:** \_\_\_\_\_

\_\_\_\_\_ **Other Student Disciplinary Issues. Please list dates and infraction:**

**Incident 1:** \_\_\_\_\_

**Incident 2:** \_\_\_\_\_

**Incident 3:** \_\_\_\_\_

**Recommendation:**  
\_\_\_\_\_ recommend without reservation  
\_\_\_\_\_ recommend with reservation (Please comment).  
\_\_\_\_\_ do not recommend (Please comment).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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STUDENT NAME: \_\_\_\_\_

**South Charleston High School  
National Honor Society Application  
Guidance Counselor Recommendation Form**

**Applicant: Complete the top portion only.**

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

Guidance Counselor Name: \_\_\_\_\_

.....  
This student is seeking to become a member of the National Honor Society. The Faculty Council would like your input to help make its decision.

Check the appropriate box that best describes the character of the student.

Attribute	Truly Outstanding (top 2-3%)	Excellent (Top 10%, but not top 2-3%)	Good	Average	Below Average	No Basis for Judgment
Responsibility						
Maturity and self-discipline						
Self-confidence						
Sense of humor						
Concern for others						
Integrity						
Reaction to setbacks						
Compliance with school regulations						
Cooperation with others						

**Recommendation:**    \_\_\_\_\_ recommend without reservation  
                                  \_\_\_\_\_ recommend with reservation    (Please comment).  
                                  \_\_\_\_\_ do not recommend                                    (Please comment).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT RETURN TO THE APPLICANT.  
Please sign and return to the mailbox of Julie Blaylock by **Friday, January 14, 2022**. Thank you.**