

Holy Cross High School

National Honor Society Membership Application 2020

Please return your completed application to Mrs. Doepfner. Applications must be returned in good condition. Late applications will not be considered.

Name:	Homeroom:
Counselor:	Grade/Year GPA:
	Check the box to the left if you did <u>not</u> attend Holy Cross last year.
	Check the box to the left if you have applied to the NHS before.

List all of the honors, college, and advanced placement courses in which you are currently enrolled.	List all of the honors, college, and advanced placement courses that you successfully completed at Holy Cross.
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Please provide a copy of your detention record for the past twelve months. See Mr. Tarpey for confirmation of your detention record and attach a separate page if necessary.

Date	Offense	
1.		
2.		
3.		

Please provide information regarding your co/extra-curricular activities. Include the hours per week you spend engaged in the activity, and have the coach or moderator sign that you are a member in good standing.

Last Year's Activities	Hours / Week	**Coach / Moderator Signature

Current Activities	Hours / Week	**Coach / Moderator Signature

You MUST attach a brief letter of character reference from a Holy Cross teacher. One paragraph is fine.

ESSAY: Please answer the following questions in a typed essay (12 pt. font, 1 inch margins, single spaced). The essay of no more than **one** page should be stapled to your application. While you are preparing your essay, please consider that the four pillars of the National Honor Society are **character, scholarship, leadership, and service**. Make sure to proofread your essay.

In addition to maintaining high academic standards, members of the National Honor Society regularly provide service to the Holy Cross community. Members represent Holy Cross at school events, such as the Open House, provide tutoring, and assist whenever needed. Please comment on your willingness to be involved in these activities. Also, describe your personal strengths and explain how your membership in the NHS would benefit the Holy Cross community.

Read the following statement and sign below:

Any falsehood or misrepresentation invalidates this application. I affirm that all of the information I have provided is true, accurate and complete.

Applicant's Signature

Date

Parent's Signature

Date :