Please complete all sections in **BLACK INK**. Do not be modest. Every bit of information can be used by the faculty council to assist with the selection process; therefore, be specific in describing your activities. Only include the activities you participated in during the 2017-2018 school year or the ones you are currently participating in. Attach additional sheets if necessary; however, items submitted will NOT be returned! All activities require a signature by a sponsor, director, or supervisor of the activity, and we must have a contact phone number for verification. If an adult sponsor cannot be obtained, please attach <u>copies</u> of certificates, letters, or other forms of verification for proof of participation. A parent signature is NOT sufficient unless proof is provided that the parent is the sponsor, director, or supervisor. Without a signature, the activity will not be considered. Completion of this form does NOT guarantee selection.

I. Administrative Information (Please type or print clearly):

Name	Grade:	ID #:
During what grades have you attended s	school in Red Oak ISD?	
T-shirt size (so we can order you	an NHS shirt if you are	e admitted)

Write your third and seventh period room numbers and teachers' names on this line. (This is where we will deliver the letter informing you of the decision of the faculty council as to your admission to NHS.)

## II. <u>Co-curricular Activities (ROHS ACTIVITIES)</u>:

List all activities in which you have participated during last school year or in which you are currently involved. Include clubs, teams, musical groups, etc. and major accomplishments in each. Give the full name of the club, not just the initials.

Activity	This Year	Last Year	Accomplishments	Adult Signature

## III. <u>Leadership positions</u>:

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 or motivating 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. Give the full name of the organization, not just the initials.

Leadership Position	This Year	Last Year	Activity/ Organization	Adult Signature

IV. <u>Community activities and Work Experience (ANY NON-ROHS ACTIVITY)</u>: The adult supervisor for each of the community activities and work experiences in which you have participated should complete the following information. These may include any activities outside of school in which you participated for the betterment of your community, for example, church groups; clubs sponsored outside of school; volunteer groups. Work experience may be paid or volunteer. If more spaces are needed, please include all requested information on an attached sheet.

Organization/Employer	
	_ Average # of hours per week
Please describe this student's responsib	bilities and level of involvement in your
organization/business.	
Signature	Contact #
Organization/Employer	
Start Date End Date	_ Average # of hours per week
Please describe this student's responsib	bilities and level of involvement in your
organization/business.	
<i></i>	
Signature	Contact #

Organization/Employer	
	Average # of hours per week
Please describe this student's responsi	bilities and level of involvement in your
organization/business.	
Signature	Contact #
Organization/Employer	
Start Date End Date	Average # of hours per week
	bilities and level of involvement in your
organization/business.	
organization, business.	
Signatura	Contact #
Signature	
Organization/Employor	
Organization/Employer	Average # of hours per week
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organization/business.	
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Signature	Contact #
Organization/Employer	
Start Date End Date	Average # of hours per week bilities and level of involvement in your
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organization/business.	
Signature	Contact #
Organization/Employer	
Start Date End Date	Average # of hours per week
Please describe this student's responsi	bilities and level of involvement in your
organization/business.	onnies and level of involvement in your
8	
Signature	Contact #