

Pelham Memorial School
Chapter of the National Junior Honor Society
Student Activity Information Form

Directions: Please complete all sections of the application in their entirety and refer to the Student Handbook for additional information. The Faculty Council will use all information supplied to assist with the selection process. You are receiving this form because you meet the Scholarship requirement of B+ or better average and have demonstrated to the staff good character as outlined by the National Junior Honor Society. Completion of this form, however, does not guarantee selection. **The Faculty Council reserves the right to discuss this Student Activity Information form with the student and to verify the following information. Please write legibly and be neat.**

I. Administrative Information (Please type or print):

Name: _____

II. Citizenship/Service

List all extra-curricular activities in which you have participated during sixth and seventh grades. You must list evidence of good citizenship in your town and/or school through **ongoing involvement** in various organizations.

You must show evidence of **service to others** through **at least three** activities such as: religious service organizations, scouts, local service organizations such as food pantry, volunteer to teach classes, volunteer at the animal rescue league, volunteer at veteran support groups, volunteer at the cancer society or other similar organizations, be a member and participant of school service groups, such as Leadership Group, Art Club, Drama, School Newspaper, After School Music Groups, Literacy Circle, Science Club, Hiking Club, Chess Club, Year Book Club, Lego Club, Guitar Club, Chorus, Comic Book Club etc. You must be an active member in each activity **over a minimum of four months**. Regardless of the number of sports you participate in, all sports count as one activity.

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Name: _____

III. Leadership Position(s)

List evidence of **at least one** leadership position. It may include, but not be limited to: class representative, sport team captain, club/other team captain, leader in church group, leader in scout group, unit leader in a camp, assistant teacher for gymnastics, martial arts, dance, etc., and have demonstrated this on a **consistent four month** minimum time frame. This **cannot** be the same as citizenship/service activities, music lessons, and one-time voluntary charity events, assisting sibling events or babysitting.

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

Activity Name: _____

Brief Description: _____

Beginning and Ending Dates: _____

Total Hours of Service: _____

Print Name of Supervisor: _____ Date: _____

Signature of Supervisor: _____ Contact Number: _____

IV. Required Statement

In a well-organized, **typed** paragraph explain in your own words how the above activity applies to the quality of leadership. Include a description of what you did, who benefited from your service, and what you learned from this service. Attach your statement to this form and return to the Main Office no later than **TBA**.