

NHS Candidate Form Cover/Information Sheet

For students CURRENTLY in grades 9-11.

ST. MIGUEL CHAPTER OF THE NATIONAL HONOR SOCIETY

Advisor: Mrs. Leak (leak@cbaalbany.org)

Directions: Please complete all sections. **Type or print (blue or black ink only) all information and submit it by MARCH 25TH, 2026.** No applications will be accepted past 3pm on this date. NO EXCEPTIONS FOR ANY REASON. Plan ahead. Please ***SUBMIT*** documents to Mrs. Leak in Room 251.

Do not be modest. All information will be used by the NHS Selection Committee to ensure the fair consideration of your candidacy during the selection process.

Completion of this form does not guarantee selection. Acceptance is competitive.

Initial Checklist for Consideration (your application will **NOT move forward unless **ALL THREE** criteria have been met):**

- You must have been on Brothers List OR First Honors for Semester 1 of the 2025-2026 school year in order to be considered for membership. Additionally, your cumulative GPA must be at least 90% (weighted).
- You must have a minimum of TEN (10) community service hours completed between June 1, 2025, and March 24, 2026, designated as NHS community service hours. They may not be used to fulfill any other CBA related service requirements.
- You must have been a CBA student since at least September 2025, or have been admitted to NHS by the school you attended last year. Proof of acceptance must be provided.

For all areas requesting “Adult Sponsor”, please note that this may NOT be a parent/guardian or sibling. Each activity MUST be signed off by your supervisor for the activity. If there is no signature by your supervisor, the NHS Committee will assume you did not participate in this activity. Please do not sign in place of the person who was supposed to sign the form.

There is an application fee of \$50 (cash or check made payable to CBA) that covers the purchase of an NHS stole, arc, and cord. It will be refunded if you are not selected as a member.

Incomplete applications will not be considered or returned to you for completion. It is expected that you will carefully proofread your application. You must complete **ALL** sections. If you leave something blank, the Selection Committee will assume you have not participated in activities in that section. Keep in mind: “Never written, never said.”

You and a parent/guardian must sign and date the application.

Please Note:

There are no “pre-approvals” or reviews of applications. You are solely responsible for the content of the information included in your application. Please do not ask another teacher or administrator to approve or review your application.

Only materials submitted as part of your application will be considered. If you did not write it down, you must assume the committee does not know about it. **Please write legibly.**

Failure to meet ANY of the above requirements will result in your application not being forwarded to the Selection Committee for review. Should you have questions about this form or this process, please see or contact **Mrs. Leak** (leak@cbaalbany.org).

I. Administrative/Demographic Information

Student Name

Student Email

Home Address

City/State/Zip

Grade level

Homeroom number/teacher

II. Community Service Activities

Complete attached form. Include only service activities that occurred between June 1, 2025, and March 24, 2026, and are external to CBA. You may not use service hours designated towards any other service requirements at CBA. Do your best to vary your service activities. You may include a MAXIMUM of FIVE hours at each location/activity to ensure both depth and breadth of service. The Selection Committee is interested in your willingness to participate in a variety of activities. Do your best to do more than the bare minimum.

III. Leadership Positions

List all elected or appointed leadership positions held in school, community, or work activities. Only those positions in which you were responsible for directing or motivating others should be included. Examples: elected officer for the student council, class, or club; committee chairperson; team captain; newspaper/website editor; work area manager; Eagle Scout; or other community leader.

| Activity | Year | | | | Accomplishments/Adult Sponsor and Signature |
|----------|------|---|----|----|---|
| | 8 | 9 | 10 | 11 | |
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IV. Other Student/Community Activities

List all other school or community based activities (*not* noted above) in which you have participated. Include clubs, teams, musical groups (for example, NYSSMA), community events, etc., and any significant accomplishments in each. Do not repeat participation listed on your Community Service form.

| Activity | Year | | | | Accomplishments/Adult Sponsor and Signature |
|----------|------|---|----|----|---|
| | 8 | 9 | 10 | 11 | |
| | | | | | |
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V. Work Experience, Recognition, and Awards

Though not a specific criterion for membership, please list below any job experiences, honors, or recognition that you have received that support your candidacy for membership in the National Honor Society. Work experience may be paid or volunteer.

| Activity | Year | | | | Accomplishments/Adult Sponsor and Signature |
|----------|------|---|----|----|---|
| | 8 | 9 | 10 | 11 | |
| | | | | | |
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VI. Personal Statement

Please attach a typed 500 word essay demonstrating why you feel your candidacy for membership in the National Honor Society should be approved. This statement should directly address your character and your willingness to contribute to your community and the well-being of others. This must be an original piece of writing, not one that has been used for a class/club/team assignment. Please proofread. Your attention to detail is a demonstration of your commitment to excellence.

VII. Signatures

I understand that completing this form does not guarantee selection to the 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 of my membership obligations to the best of my ability.

Student Signature: _____ Date: _____

I have read the information provided by my son on this form and can verify that it is true, accurate, and complete.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Please complete application and this form to Mrs. Leak by MARCH 25TH, 2026.

Applications submitted past 3 pm on 03/25/26 will not be considered.

Submit the \$50 application fee with your application.

Please keep a copy of your completed application for your records.

Below please find a brief list of membership expectations:

- NHS meets on the first Monday of each school month. All meeting dates will be posted on the school calendar and on our Google Classroom page. You **MUST** attend a minimum of 7 meetings to remain a member in good standing.
- Once accepted, Mrs. Leak will add you to the NHS Google Classroom.
- You must attend BOTH Open Houses.
- You must attend the NHS/NJHS Induction Ceremony.
- You must complete a Spring Service Project every school year.
- You must volunteer for at least **TWO** of the following NHS sponsored activities:
 - Red Cross Blood Drive (there are two per calendar year)
 - Sponsor a Family (REQUIRED)
 - Additional events TBD
- You must fulfill NHS specific community service requirements (15 hours for grades 10-11; 10 hours for grade 12) every year. **Senior hours are due on or before October 10th in order for you to be able to place NHS on your college application.**
- You must maintain a weighted average of 90% as well as your academic integrity and be on Brothers List or First Honors every semester.

Failure to abide by NHS membership requirements will result in a warning letter sent through email to the student, a return receipt will be requested. A second infraction will result in a warning letter sent home to the parents, signature required. A third infraction will lead to a review of your continued membership by the NHS Selection Committee and the CBA Administration.

Student Name: _____

Parent Name: _____

Student Signature: _____

Parent Signature: _____

Advisor Name: **Mrs. Jessica Leak**