

**February 11, 2008**

**Dear \_\_\_\_\_,**

**Congratulations**, you are academically eligible for membership in the Castle Chapter of the Colleyville Heritage High School National Honor Society.

**Please complete and return the attached form by 4:00 pm Friday, February 22, 2008.** Return the form to Mrs. Timmons in room A140 or give it to Mrs. Brown in the main office. **Late applications will not be accepted.**

This form should be filled out completely. It is a requirement that you demonstrate evidence of scholarship, leadership, good character, and service. **The activities that you list must be verified by an adult involved in that activity. Please include contact information where indicated.**

Completion of this form does not guarantee membership. Applications are evaluated by the Faculty Council in a blind review process. You will be notified by letter when selection is complete. Membership in the National Honor Society is a privilege, not a right. The selection of the members by the Faculty Council is final.

If you have any questions please feel free to contact me.

Cindi Timmons - NHS Faculty Advisor, A140  
cynthia.timmons@gcisd.net

# Castle Chapter of the National Honor Society

## Student Information

**Directions:** Please complete all sections. Do not be modest. The Faculty Council can use every bit of information that you provide. Completion of this form does not guarantee selection.

**Due by 2/22/08 at 4:00 pm.**

**I. Administrative Information** (Please type or print) - only your ID number will included for the Faculty Council review.

ID # \_\_\_\_\_

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

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

\_\_\_\_\_

Phone # \_\_\_\_\_

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

## II. Current Class Schedule (Junior Year):

Class Period	Subject	Teacher	Room	Recommendation Requested **
<b>1st</b>				
<b>2nd</b>				
<b>3rd</b>				
<b>4th</b>				
<b>5th</b>				
<b>6th</b>				
<b>7th</b>				
<b>8th</b>				

\*\* The NHS will request recommendations from four of your teachers. Please mark two teachers that you would like for us to request recommendations from (note either above or below). We will choose two others. You must list four teachers from previous years for us to contact. Teachers listed must still be at CHHS.

Teacher \_\_\_\_\_ Course \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Course \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Course \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Course \_\_\_\_\_ Grade \_\_\_\_\_



ID # \_\_\_\_\_

**School Activities:**

List up to 4 activities in which you have participated during high school. Include clubs, teams, musical groups, etc..., and major accomplishments in each.

Activity	Y 09	E 10	A 11	R 12	Accomplishments	<b>Contact Info: Name and Email or Phone Number</b>

You may make additional comments about your involvement in activities below.

**DO NOT COMPLETE THIS SECTION - WRITE YOUR ID NUMBER ONLY.  
PRINT AS PART OF YOUR APPLICATION.**

**ID # \_\_\_\_\_**

**(This page will be completed by the NHS Advisor after a review of your junior records and receipt of your teacher recommendations. Do not complete this section. Write your ID number on this page and each of the following teacher recommendation pages. Write your name at the bottom of the teacher recommendation pages. Do NOT write a teacher name. Leave the rest of the page blank. We will select the teachers.)**

**IV. Character:**

\_\_\_\_\_ **N or U on report card**

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\_\_\_\_\_ **Violation of Student Code of Conduct resulting in ISS,OSS or  
Alternative Placement**

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**(0-12 points possible, 12 is high)**

\_\_\_\_\_ **Teacher Rec #1** \_\_\_\_\_

\_\_\_\_\_ **Teacher Rec #2** \_\_\_\_\_

\_\_\_\_\_ **Teacher Rec #3** \_\_\_\_\_

\_\_\_\_\_ **Teacher Rec #4** \_\_\_\_\_



ID # \_\_\_\_\_

## National Honor Society Teacher Recommendation Form

This recommendation form is for the student named below. Please fill it out as completely as possible. Do not give this form to any student. Return it to Cindi Timmons by March 7th. You may place this form in my mailbox. Your name will be removed from this document once it is received.

Please give the student listed below a number based on your observations.

- 0 – Rarely or Never
- 1 – Sometimes
- 2 – Frequently
- 3 - Consistently

This student:

- \_\_\_\_\_ is a leader within my class/group.
- \_\_\_\_\_ sets a positive example for others.
- \_\_\_\_\_ is trustworthy & honest.
- \_\_\_\_\_ cooperates with & respects peers.
- \_\_\_\_\_ cooperates with & respects the teacher/group leader.
- \_\_\_\_\_ is willing to be of assistance to others.

Please feel free to make any additional comments below.

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Teacher Name \_\_\_\_\_ Student Name \_\_\_\_\_