



NATIONAL HONOR SOCIETY

Elkhorn South Chapter

Dear Parent and Candidate:

Juniors and seniors at Elkhorn South High School with a cumulative GPA of 3.5 or higher are eligible for membership into the Elkhorn South Chapter of the National Honor Society. Candidates will be evaluated by the members of the Faculty Council based on four standards of membership: scholarship, service, leadership, and character.

As an academically eligible student, your son/daughter is invited to attend a meeting on Tuesday, August 20, 2024 during TA to ask any questions about the required forms and obtain additional information regarding membership requirements. Completed forms are due to the Counseling Center no later than 4:00 p.m. on Tuesday, September 3, 2024. Late and/or incomplete applications will not be accepted.

Students who submit the necessary forms will be notified by mail as to his/her selection status. Those students who are selected as members of the Elkhorn South Chapter of the National Honor Society will be inducted on Sunday, September 15, 2024 at 5 p.m.

If you have any questions concerning this process, please feel free to contact the advisors or members of the faculty council.

NHS ADVISORS: Mike Fauss and Maureen Preble

FACULTY COUNCIL: Kayla Gray, Deb Howorth, Abby Magers, Beth Peitzmeier, and Scott Wike

**Tentative
2024
Dates**

Informational Meeting	Tuesday, August 20 th during TA
Completed forms due	Tuesday, September 3 rd no later than 4 p.m.
Induction Ceremony	Sunday, September 15 th at 5 p.m. at ESHS

APPLICATIONS AND FORMS WILL NOT BE RETURNED

Revised 2024

DRAFT

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Elkhorn South Chapter

PRINTED NAME _____ **GRADE** _____

PLEASE INITIAL EACH LINE AS YOU TURN IN YOUR FORMS.

- _____ Name and grade clearly written at the top of each page when indicated
- _____ Expectation agreement signed by both applicant and parent
- _____ Activities/Organizations and awards pages completed WITH all signatures
- _____ Service hours TOTAL page stapled with each year's page
- _____ Service hours ordered sequentially and totaled on each page WITH verification signatures and contact phone number
- _____ Did you make a copy for your records?

**YOU WILL NOT GET THIS APPLICATION BACK,
SO MAKE MULTIPLE COPIES FOR YOUR RECORDS.**

I hereby attest that my activities and service hours are complete and accurate to the best of my knowledge.

SIGNATURE _____ **DATE** _____

DO NOT COMPLETE – FOR SPONSORS AND FACULTY COUNCIL ONLY

	LEADERSHIP POINTS	SERVICE HOURS
CATEGORY TOTALS		

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NAME _____

GRADE _____

EXPECTATIONS FOR MEMBERS OF ESHS NATIONAL HONOR SOCIETY

Membership in the Elkhorn South High School Chapter of the National Honor Society involves commitment on the part of its members. Because it is a service organization, NHS requires involvement and cooperation. This means that one must have the time, the interest and the desire to provide service to others in both this school and this community. In order to maintain the ideals of excellence in scholarship, leadership, character, and service, all members of the NHS must exert a positive influence both inside and outside of the classroom. In addition, members must maintain a cumulative GPA of 3.5 or higher.

Students interested in membership should seriously consider the responsibility attached to the privilege of membership. In accordance with this philosophy, a meeting will be held shortly after induction to discuss the specific time commitments and service requirements established by the Faculty Council.

If selected as a member of the Elkhorn South High School Chapter of the National Honor Society, I agree to be an active participant in all aspects of the organization. I realize that my membership is a privilege and is subject to review and possible revocation by the faculty council should I fail to maintain membership requirements.

PRINTED NAME _____ **DATE** _____

SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

ACTIVITIES DEPARTMENT CONTRACT

I _____ (Student) understand that as a member of NHS, I will abide by the Elkhorn South High School Activities Department Student Handbook. I understand it is my responsibility to follow the information and guidelines stated in the handbook. (A copy of the handbook is available from the NHS sponsors or athletic director.)

I _____ (Parent) understand that my son/daughter, who is a member of NHS, will abide by the Elkhorn South High School Activities Department Student Handbook. My signature indicates my support of the activities handbook. (A copy of the handbook is available from the NHS sponsors or athletic director.)

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NAME _____

GRADE _____

THE FOLLOWING CHART LISTS THE CO-CURRICULAR AND EXTRACURRICULAR ACTIVITIES AVAILABLE FOR HIGH SCHOOL STUDENTS. USE THE FOLLOWING CODE TO INDICATE YOUR INVOLVEMENT:

X = Membership
(participation only)

C = Captain
(for season - NOT single games)

P = President

O = Officer of organization
(other than President)

E = Editor

MUST PROVIDE SPONSOR SIGNATURE OR ATTACHED DOCUMENTATION OF PARTICIPATION.

Organization		9 th	10 th	11 th	Sponsor/Coach Signature	FACULTY USE ONLY
SPORTS	Lacrosse					
	Trap					
	Football					
	Volleyball					
	Softball					
	Cross Country					
	Golf					
	Basketball					
	Swimming					
	Wrestling					
	Soccer					
	Baseball					
	Tennis					
	Track					
	Bowling Team					
	Student Trainer					
	Cheerleader					
	Dance Team					
ARTS	Marching Band/Color Guard					
	Jazz Band					
	Show Choir					
	Musical					
	Fall Play					
CLUBS / ORGANIZATIONS	One-Act Play					
	Speech Team					
	Debate					
	Mock Trial					
	Yearbook					
	Newspaper					
	Robotics					
	Power Drive					
	Academic Decathlon					
	Quiz Bowl					
Junior Class Board						
					FACULTY USE ONLY	TOTAL

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CLUBS / ORGANIZATIONS	Organization	9 th	10 th	11 th	Sponsor/Coach Signature	FACULTY USE ONLY
	Musical/Show Band					
	Freshman TA Mentor					
	Student Council					
	Art Club					
	Drama Club					
	Pep Club					
	SADD					
	Foreign Language Club					
	Science Club					
	Olympus Club					
	Ambassadors Club					
	New Student Ambassador					
	Greater Council					
	Green Team					
	FBLA					
	SOCA					
HOSA						
FCCLA						
DECA						

SCHOOL SPECIAL AWARDS/RECOGNITION	RECIPIENT	ALTERNATE	COUNSELOR SIGNATURE	FACULTY USE ONLY
Hugh O'Brien Leadership Award (HOBY)				
HOBY CLW Leadership Conference				
Exchange Club of Omaha Outstanding Sophomore				
Nebraska Leadership Seminar (NLS)				
American Legion Boys/Girls State				
Youth Leadership Omaha (YLO)				
Mayor's Youth Leadership Commission				
Rotary Youth Leadership Award				

SCHOOL RELATED AWARDS, HONORS, OR ACTIVITIES NOT ADDRESSED ABOVE.
Club sports need not be listed. Please provide a Xerox copy of awards or honors you have listed.

ORGANIZATION	9 TH	10 TH	11 TH	SPONSOR/COACH SIGNATURE	FACULTY USE ONLY
FACULTY USE ONLY				TOTAL	

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NAME _____

GRADE _____

Complete this page and the following pages for documentation of service hours. **Service hours should represent a variety of ways** you've served the community in various ways. Hours accrue beginning the summer before freshman year. You may **NOT** use any service for which you were paid.

EXAMPLES	Church/youth groups	Mentoring	Volunteer groups or activities
	Hospital	Peer tutoring	Elkhorn School carnivals/ Elkhorn Public School events

YOU MUST PROVIDE THE FOLLOWING INFORMATION FOR EACH YEAR OF SERVICE. ANY ACTIVITY WITHOUT ALL OF THE INFORMATION CLEARLY WRITTEN WILL NOT BE CONSIDERED.

- Description of the activity
- Number of hours of participation
- Description of duties performed
- Printed name and title of the adult in charge of the activity
- Signature of the adult in charge of the activity (CANNOT be a parent's signature)
- Contact phone number or email address of the adult in charge of the activity

HOURS WILL BE RANDOMLY VERIFIED VIA PHONE OR EMAIL.

TO EARN THE MAXIMUM NUMBER OF POINTS FOR SERVICE

JUNIORS
100+ HOURS

SENIORS
125+ HOURS

CORRECTLY DOCUMENTED

ADD YOUR TOTAL SERVICE HOURS BELOW			
9th Total Hours	10th Total Hours	11th Total Hours	SERVICE TOTAL

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NAME _____

9TH GRADE

- If attaching documents, please **LIST** the activity, hours, duties, and printed name of the adult in charge on this page and write **ATTACHMENT** in the signature box with a phone number or email address.
- Please put attachments in the same order as listed below.
- Please print or request additional pages as needed to document service hours.
- Hours **MAY INCLUDE** the summer prior to 9th grade.

VOLUNTEER ORGANIZATION	DATE OF SERVICE	TOTAL HOURS	DUTIES PERFORMED	SITE SUPERVISOR CONTACT INFORMATION		
				PRINTED NAME & TITLE	SIGNATURE	PHONE NUMBER

DRAFT

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**TOTAL HOURS
THIS PAGE**

