



NHS New Member Application: Creekside High Chapter

Complete both sides

STUDENT: _____

First Name

Last Name

Current Grade Level: _____

Student Number: _____

GPA: Your GPA must be a minimum **weighted 3.75 cumulative**. It is based on all classes taken since you began high school (including any classes you may have taken in middle school that count toward your high school diploma). GPAs will be verified based upon your report card issued January 18, 2024.

Volunteer hours: Applicants are required to have completed a minimum of 30 volunteer hours prior to being approved as a new member.

Expectations: Members of the Creekside High School National Honor Society are expected to: attend meetings in person or complete virtual attendance requirements (when needed), participate in annual service projects, and assist with tutoring.

Candidates for membership may pick up and submit their applications to Mr. Kalfa in room 730 by **February 29, 2024**. Students who have applied and have been accepted will be notified by **March 8, 2024**. The induction ceremony will occur in the auditorium on **Tuesday, April 16, 2024, at 6:00 p.m.** Parents are allowed to attend.

After acceptance, the \$25 NHS annual dues will be collected in August 2024.

I have read and understand all the above.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For the student: I have read the NHS bylaws posted on Creekside's webpage.

Student's Signature: _____ Date: _____



NHS New Member Application: Creekside High Chapter

Complete both sides.

Student First and Last Name and Number:

VERIFICATION FROM DEAN'S OFFICE

Dean's office should check the following and sign:

_____ I verify that the above-named student has no Level III or Level IV infractions of school rules listed in his/her record.

Dean's Office Signature: _____

VERIFICATION FROM REGISTRAR/GUIDANCE OFFICE (For Volunteer Hours and GPA)

Current Cumulative Weighted GPA: _____

This student has a total of _____ volunteer hours.

Computer Operator or Guidance Signature: _____

Current Schedule:

| PERIOD | COURSE NAME | CURRENT GRADE | *TEACHER SIGNATURE |
|--------|-------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Teacher signature does not indicate your recommendation of the applicant for membership

*All course grades and teacher signatures required