



INSTRUCTIONS

GENERAL

1. **Explicitly follow the instructions.**
2. Complete all sections of the application in a NEAT and ORGANIZED fashion. Applications completed in a haphazard manner indicate lack of serious interest in becoming a member of the St. De La Salle Chapter of the National Honor Society.
3. All information contained herein will be used by the Faculty Committee in the selection process.
4. Completion of this form does **not** guarantee selection.

ACTIVITIES

1. In the first column, print the name of each “two” or “one” point activity in which you participated.
2. In the last column, print the name of the coach or moderator for each listed activity.
3. Have the coach or moderator initial the box associated with **each year** you participated.

SERVICE

1. In the first column, print the name of each organization for which volunteer service was performed.
2. For each organization listed, documentation verifying the reported hours must be submitted.
 - a. The content of the documentation must
 - i. detail the time period and number of hours served,
 - ii. fully describe the service provided and
 - iii. supply the name, e-mail address as well as the phone number of the relevant **3rd party** adult supervisor (i.e. **not** a parent, guardian or other close relative).
 - b. The format of the documentation must satisfy one of the following.
 - i. For External Organizations
 1. A letter written/typed on the organization’s letterhead (or similar document) containing an **original** ink signature of a **3rd party** adult supervisor (i.e. **not** a parent, guardian or other close relative).
 2. A typed letter with electronic signature or an e-mail from a **3rd party** adult supervisor (i.e. **not** a parent, guardian or other close relative) sent directly from the organization to nhs@cbalincroftnj.org with a copy to the applicant.
 3. Best Day Foundation system generated service report accompanied by applicant’s Best Day Foundation user name and password. [Since Best Day Foundation no longer issues signed letters, the aforementioned process is necessary in order to independently verify service hours reported.]
 - ii. For CBA Organizations
 1. A typed letter with electronic signature or an e-mail from the CBA moderator sent directly from the moderator’s email account to nhs@cbalincroftnj.org with a copy to the applicant.

- c. DOCUMENTATION WHICH DOES NOT SATISFY THE REQUIREMENTS DETAILED IN 2a-b WILL NOT BE ACCEPTED AND THE APPLICATION WILL BE DENIED.
3. In the column designated “Doc Ref”, for each service organization listed enter a unique document label (e.g. S1, S2, S3, etc.) and write the assigned label on the top right corner of the related attached supporting documentation.
 4. Total each row and each column.
 5. Ensure that the sum of the totals for Gr 9 through 12 equals the total of the last column.

LEADERSHIP

1. In the first column, print the name of each team / club / organization for which leadership is claimed.
2. In the second column, print the title of the associated leadership position.
3. For each organization listed, documentation verifying leadership must be submitted.
 - a. The content of the documentation must
 - i. detail the time period for which leadership was exercised,
 - ii. fully describe the leadership performed and
 - iii. supply the name, e-mail address as well as the phone number of the **3rd party** adult supervisor.
 - b. The format of the documentation must satisfy one of the following.
 - i. For External Organizations
 1. A letter written/typed on the organization’s letterhead (or similar document) containing an **original** ink signature of a **3rd party** adult supervisor (i.e. **not** a parent, guardian or other close relative).
 2. A typed letter with electronic signature or an e-mail from a **3rd party** adult supervisor (i.e. **not** a parent, guardian or other close relative) sent directly from the organization to nhs@cbalincroftnj.org with a copy to the applicant.
 - ii. For CBA Organizations
 1. A typed letter with electronic signature or an e-mail from the CBA moderator sent directly from the moderator’s email account to nhs@cbalincroftnj.org with a copy to the applicant.
- c. DOCUMENTATION WHICH DOES NOT SATISFY THE REQUIREMENTS DETAILED IN 3a-b WILL NOT BE ACCEPTED AND THE APPLICATION WILL BE DENIED.
4. In the column designated “Doc Ref”, for each team / club / organization listed enter a unique document label (L1, L2, L3, etc.) and write the assigned label on the top right corner of the related attached supporting documentation.
5. For each leadership position cited, record an “x” in the grade column for which the leadership activities were performed.
6. As indicated on the application, time periods cited as conducting leadership for an organization **cannot** also be cited as service hours performed for the organization.