

National Honor Society/National Junior Honor Society  
National Council Adviser Nomination Form (v. 1.08)

For office use only:

Region: \_\_\_\_\_

App Rec'd: \_\_\_\_\_



**Selection Guidelines - The nominees:**

1. Must be currently employed as an NHS or NJHS chapter adviser in a middle level or high school that maintains an active chapter of NHS or NJHS throughout the three year term of office and have at least three (3) years experience as a chapter adviser.
2. Must be able to attend the National Council meeting held in the spring (March or April) each year.
3. Should have experience in their state association and/or honor society activities in their school.
4. Should review the list of National Council duties, attached for your review.

**Instructions:**

1. Please complete all information requested on this application. Type or print all information. Use this application form and its allotted space only.
2. Write an essay on why you would like to be a member of the NHS & NJHS National Council. Include in the essay experiences related to honor society/student activity work as a student and/or professional educator. Response must be typed and limited to one 8 1/2" x 11" sheet of paper.
3. Attach three (3) letters of recommendation and include contact information. (Examples: Principal or Assistant Principal, Activity Director, other NHS &/or NJHS Chapter Adviser, other faculty member, state association officer or staff, central office staff, etc.)
4. Return completed nomination form, complete with recommendation letters attached, to:  
David Cordts, Associate Director of Student Activities, NASSP, 1904 Association Drive, Reston, VA 20191, attention NHS & NJHS National Council Selection. Deadline for submission is noted under "How to Apply" on www.nhs.us.

**Applicant Information:**

Name (Dr. /Mr./ Mrs./ Ms.: circle one) \_\_\_\_\_  
(Last) (First) (MI)

School: \_\_\_\_\_ Title: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PH (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Memberships:** NHS/NJHS School Affiliation # \_\_\_\_\_

State Honor Society Association Member\*  Yes  No

\*NHS or NJHS Associations exist in only 22 states. Not required for selection to the National Council.

**Recent Employment Experience:** List your three most recent professional positions and years held:

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Please continue. . . .

**Leadership Positions**

List the most important leadership positions. Positions can be elected or appointed. Note the organization name where the leadership position was performed and the level of that organization (local, state, national).

<b>Position Title</b>	<b>Organization Name/Level</b>	<b>Year(s) of position</b>

**Recognition and Awards**

List below the most important experiences, honors, or recognition that you have received which support your application to be a member of the NHS/NJHS National Council.

<b>Recognition/Award</b>	<b>Organization Name/Level</b>	<b>Year(s) of receipt</b>

Please continue. . . . .

**Commitment to Participate:**

If appointed, I intend to participate actively in this national responsibility for NHS & NJHS. I understand that this committee work may involve limited additional hours of individual and small group work in support of the committee including conference calls and document review. I agree to attend the annual committee meeting in Reston, Va. each spring during my term. It is my understanding that NASSP will reimburse me for my approved official expenses during my term. I further understand that failure to participate may result in termination of my appointment.

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Nominee's Signature

Date

**Endorsement by Supervisor**

NASSP sponsors three standing committees providing vital service to the membership. Principals and assistant principals report that participation on a committee results in substantial professional development. I understand that appointees to this NASSP – NHS & NJHS committee require a short absence (2-3 days) during the spring of the school year in addition to a few hours of committee work or document review. I support this professional activity.

Supervisor's\* Name/Position:\_\_\_\_\_

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

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Supervisor Signature

Date

(\*Principal or Assistant Principal, or, if necessary, Superintendent or other central office staff)