Oxford Chapter National Honor Society Candidacy Acceptance Form



To begin the application process, candidates must complete and submit this form by **Tuesday**, **September 10.** *Forms can be submitted *after school* on the following dates: **September 5** (Prospective Members Meeting - LGIA) or **September 3**, **9**, **or 10** (in the library).

Upon receipt of the candidacy acceptance form, students will be assigned an identification number and may begin the application process.

The National Honor Society selection process is conducted using a "blind" review of the candidates by members of the school faculty. It is imperative that your identification is not revealed to the faculty council. Please record your identification number in the **box** in the **lower right corner** of all pages of your application packet, including the essays and recommendation forms. Remind individuals proving references to <u>refer to you by number only</u>. Any incomplete forms, or those that include student identification information, will be returned to the candidate for correction.

More information will be shared with you at the Prospective Member Meeting on September 5th at 2:30 in the LGIA.

All completed applications are due on or before 3 pm on Friday, October 11.

Once selection is complete, any appeal of the decision made by the Faculty Council must be made in writing to one of the advisors no later than one week after receiving the decision letter.

NO LATE APPLICATIONS WILL BE ACCEPTED!

I understand that completing this form does not guarantee selection to NHS and that the information presented here is accurate and complete. I also understand that it is my responsibility to attend **mandatory** monthly meetings, submit yearly dues in the amount of \$25, and complete fifteen (15) school and/or community service hours per semester if I am selected to NHS.

rint Student Name	
Student Signature	 Date
1	son/daughter on this form and can verify that it is on. I also understand that it is my son/daughter's d complete service hours if selected to NHS.
Parent/Guardian Signature	 Date