

# Georgia National Honor Society Scholarship

**Postmark Deadline:** March 15, 2011

(This form may be photocopied)

## **Scholarship Requirements:**

- Senior
- NHS Member
- Attended a GANHS State Convention
- School is an active member of GANHS (to be confirmed by GANHS Treasurer)

## **General Instructions:**

Two seniors from the same school can apply for this scholarship.

Answer all of the following questions to the best of your ability and follow the instructions completely. Be careful not to duplicate your responses. The selection of the scholarship will be influenced by the completeness of the replies, neatness, and legibility. Please type or print, using black ink. Submit **three (3)** complete packets for each applicant. Each packet must contain a copy of the application, an official school transcript, and a letter of recommendation. The application fee for one or two applicants is \$10.00 which must be submitted in the form of a check from your school made payable to *Georgia Association of National Honor Societies or GANHS*.

It is very important the all instructions have been met for this scholarship.

**Incomplete packets will not be considered for the scholarship.**

**Mail all forms to:**

**Evelyn Lewis  
GANHS Scholarship  
3950 McWilliams Trace  
Acworth, GA 30101**

## GANHS SCHOLARSHIP APPLICATION

### I. General Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

School Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Year(s) of Convention Attendance: \_\_\_\_\_

### II. Academic Information

GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale. This GPA is: \_\_\_\_\_ (weighted/un-weighted)

Class Rank: Number \_\_\_\_\_ in a class of \_\_\_\_\_.

Senior Year Schedule:

(All courses taken during your senior year; indicate Honors or Advanced Placement)

Testing (SAT or ACT is required, ACH is optional)

SAT: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_ Date \_\_\_\_\_

Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_ Date \_\_\_\_\_

ACT: EN \_\_\_\_\_ MA \_\_\_\_\_ R \_\_\_\_\_ SC \_\_\_\_\_ Date \_\_\_\_\_

ACH: Test: \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

**Please list any academic honors or distinctions you have received in your four years of high school:**

### **III. Extracurricular Information**

In order of importance to you, please list your major extracurricular pursuits (personal, religious, athletic, community, etc) with honors won and/or positions held while in high school. You may attach a separate sheet to the application if your reply exceeds the space provided. (Remember to include three copies)

Ex. National Honor Society (10, 11, 12), Secretary (11), Outstanding Member (11)

**List any jobs you have held while in high school.**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed:      From: \_\_\_\_\_      To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Dates Employed:      From: \_\_\_\_\_      To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

In the space provided, describe how you have served your local NHS chapter. We are especially interested in any community service in which you have participated through your local chapter.

In the space provided, indicate which factors should be considered if you were tied with another person for this scholarship.

**IV. Personal Goals**

In the space provided, describe your goals and aspirations:

**V. Essay and Recommendation**

On a separate sheet of paper, tell us something about yourself that we might not learn from the rest of your application. You may write on any topic that you feel will give us a better impression of you. Type and double-space the essay, limiting your response to 800 words.

Include a letter of recommendation from a teacher who knows you well.

**VI. Signatures**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor and Principal: I am aware that this nominee is applying for this scholarship, and approve of his/her nomination. I also certify that this nominee is a member, in good standing of the NHS chapter at my school, and that his/her description above is accurate.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

