| STUDENT PORTFOLIO | |
|---|---------------|
| STUDENT NAME: | |
| It has been determined that you are scholastically eligible to become a member of Milford High School's 9341 of the National Honor Society. Scholarship, however, is only one of the four criteria used in the seleprocess for the National Honor Society. In addition, a student is expected to be outstanding in the areas leadership, character and service. | ection |
| If you wish be to be considered for selection to Chapter 9341, this portfolio must be completed and sign parent or guardian on or before Using information from this portfolio, the three (3) face evaluation forms, faculty input, and any other verifiable data about each candidate, the Faculty Council the final decision concerning membership in the National Honor Society. | culty |
| Please note the following: | |
| 1. All leadership activities must be validated by a readable signature, with title, in order to be consthe Faculty Council. Parents or immediate family members may not validate activities of any kinds. | |
| 2. All service activities must be validated with a SERVICE VALIDATION FORM. | |
| 3. All information in this portfolio, except for signatures, must be typed or neatly written and legib | ole. |
| 4. Any inclusion of false information will automatically eliminate a student from further considera membership. | tion of |
| 5. Late forms and late information, including signatures, will not be accepted. | |
| 6. Completion of this portfolio does not guarantee selection. | |
| 7. This page must be signed by a parent/guardian and the candidate and must be returned with t | he portfolio. |
| I have read the Milford High School Chapter 9341 National Honor Society Portfolio and I understand the membership in the organization involves being outstanding not only in scholarship, but also in the area leadership, character and service. I have read the responses contained herein and I attest that this form original and has been completed accurately. | s of |
| Student Signature: Date: | |
| Parent/guardian signature: Date: | |

STUDENT PORTFOLIO - ACTIVITY FORM

| STUDENT NAME: | | | | | |
|--|---|----------------------|-----------------------|-----------------|----------|
| List all activities in which you have actively participated duretc. To be selected, students must have actively participated organizations, and/or athletic teams. Students must demon least two (2) of them. At least one (1) of the activities must information regarding the criteria used for selection and positive contents. | in at least three (3) differences strate a commitment of mobe school related. See NHS | nt activi re than | ities, clu one (1) | ıbs, year in | - |
| ACTIVITY: | | CIR | CLE ALL | THAT AP | PLY |
| | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | | | | |
| ACTIVITY: | | CIR | CLE ALL | THAT AP | PLY |
| | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | 1 | | | |
| ACTIVITY: | | T CIR | CLE ALL | THAT AP | PLY |
| | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | • | | | |
| ACTIVITY: | | I CIR | CLE ALL | ТНАТ АР | PLY |
| ACTIVITI. | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | • | | | |
| ACTIVITY: | | CIR | CLE ALL | ΤΗ ΔΤ ΔΡ | DIV |
| ACTIVITI. | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | ı | | | ı |
| ACTIVITY: | | CIR | CLE ALL | ТНАТ АР | PLY |
| ACTIVITI. | | 9 | 10 | 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | | | | |
| A CONVERNA | | Cin | CLE ALL | ጥሀ ለጥ ለኮ | DIV |
| ACTIVITY: | | 9 | 10 | 11 11 | 12 |
| SPONSOR'S NAME/TITLE: | SIGNATURE OF SPONSOR: | | | | <u> </u> |
| | | | | | |

STUDENT PORTFOLIO – ACCEPTABLE INDIVIDUAL SERVICE PROJECTS

The following are some examples of acceptable service projects. If a student is ever in question as to whether their project will be acceptable, he/she should consult the NHS advisers.

- 1. Milford Regional Medical Center Volunteers
- 2. Volunteering at the Milford Senior Center
- 3. Volunteering at the Nursing Home
- 4. Coaching athletic teams in the community
- 5. Teaching Religious Education /volunteering at church/religious locations
- 6. Volunteering with Milford Community Use
- 7. Volunteering at animal shelters
- 8. Habitat for Humanity
- 9. American Cancer Society's Relay For Life
- 10. Walk for Hunger (and other, similar type activities)
- 11. Volunteering at the Milford Food Pantry
- 12. Winterhaven Shelter for the Homeless (and other shelters)
- 13. Volunteering at the Salvation Army

PLEASE NOTE:

ALL SERVICE ACTIVITIES MUST BE DOCUMENTED AND VERIFIED (WITH A SIGNATURE) BY THE PERSON/ORGANIZATION FOR WHOM YOU DID THE SERVICE USING THE SERVICE SUMMARY AND VALIDATION FORMS.

STUDENT PORTFOLIO – SERVICE SUMMARY FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ | _ | _ | _ | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Service is defined as those actions undertaken by a student which are performed by or through an existing organization for public or charitable purposes, without any direct financial or material compensation to the individual performing the service. For this form:

- a) List all service activities in which you have participated throughout school, church, or the community, AND
- b) Attach service validation forms for each of the activities listed, OR
- c) Attach a letter on the letterhead of the sponsoring organization which includes all information requested on the service validation form.
- d) Your activities must meet the above definition of service.

A minimum of 40 documented hours must be included in order to be considered for membership. See NHS By-Laws for additional information regarding the criteria used for selection and portfolios samples.

| SERVICE | # HRS. | DATE(S) OF SERVICE |
|---------|--------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| SERVICE | # HRS. | DATE(S) OF SERVICE |
|--|----------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| List any additional information that you want us to know about you: (O | PTIONAL) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STUDENT PORTFOLIO - SERVICE VALIDATION FORM STUDENT NAME: _____ NOTE: You need one of these forms, for every item listed on the Service Summary Form Service is defined as those actions undertaken by a student which may be performed by or through an existing organization for public or charitable purposes, without any direct financial or material compensation to the individual performing the service. Date(s) of Service: This is to verify that the above named student successfully completed _____ (# of hours) of community service. **ORGANIZATION:** NAME OF SPONSOR: TITLE/ROLE OF SPONSOR: SIGNATURE: **EMAIL ADDRESS:** PHONE NUMBER: Please provide a description of the quality and nature of the service performed (attach letter if applicable): THIS SECTION MUST BE COMPLETED IN ORDER FOR THE FORM TO BE VALID.

PLEASE NOTE: PARENTS/GUARDIANS/IMMEDIATE FAMILY MEMBERS MAY NOT SIGN THIS FORM TO VALIDATE A STUDENT'S PARTICIPATION IN A SERVICE ACTIVITY.

STUDENT PORTFOLIO - AWARDS & SPECIAL RECOGNITION FORM STUDENT NAME: _____ List any special recognition you have received from school, church and/or the community. AWARD GIVEN BY/FOR DATE OF RECEIPT STUDENT PORTFOLIO - FACULTY REQUESTED TO COMPLETE EVALUATION FORM STUDENT NAME: ____ List the faculty/staff members you have requested to complete an evaluation form on your behalf. Students may choose any individual that is a member of the MHS faculty but are encouraged to choose faculty members with whom they have a strong relationship. The faculty member should be someone who would speak positively on your behalf. Students should request THREE faculty members to complete an evaluation form on their behalf. Relationship Name Name Relationship

Relationship

Name

| STUDENT PORT | FOLIO - FACULT | Y EVALUATION FOR | M | | |
|-------------------|-----------------------|--|--------------------|-----------------------|----------------------|
| STUDENT NAME: | | FACUL | TY NAME: | | |
| begins by meeting | our Scholarship crite | ied as a candidate for selerion of (3.5 unweighted buncil a Portfolio, but ad | l GPA, 96.0 QPA) v | which has been met | by the student. Each |
| | · * | ease use the rating scale grade entered into your g | * | te the student. Pleas | e consider these |
| _ | the student as we | nd return it directly to owould like to keep all red. | | | |
| Criteria | Poor | Below Average | Average | Good | Outstanding |
| Leadership | | | | | |
| Character | | | | | |
| Integrity | | | | | |
| Initiative | | | | | |
| Additional Comm | ents (if applicable) |): | | | |
| | | | | | |

Signature: ______ Date:_____