



School chapter of RHO KAPPA
National Council for the Social Studies
Student Honor Society

Student Membership Form

DATE: _____

Directions: Please complete all sections. Please type or print. Do not be modest. Every bit of information can be used by the Faculty Council to assist with the selection process. Completion of this form does not guarantee selection.

Student's Name: _____ Grade: _____
(Please print)

Address _____

Telephone: _____ School email: _____

List of Social Studies Courses taken to date:

Title of Course	Grade	Teacher

Check your email for transcripts. They should include 3rd Qtr. You must print them out and attach to this application.

Please attach a copy of your transcript with your application.

STUDENT ACTIVITY FORM

I. EXTRACURRICULAR ACTIVITIES

List all activities in which you have participated. Include non-service clubs, athletic teams, musical groups, etc. and major accomplishments in each. Do not include service clubs in this section—you will do that in section III.

Grade	Activity	Accomplishments
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
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9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

II. LEADERSHIP POSITIONS

List all elected or appointed leadership positions held in school, community or work activities. Only those positions in which you were directly responsible for directing or motivating others should be included. For example, elected student body, class or club officer; committee chairperson; team captain; newspaper editor; work area manager; or community leader.

Grade	Office Held	Activity
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
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9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

III. SERVICE ACTIVITIES AND COMMUNITY SERVICE.

List service activities and community service in which you have participated. These can be service projects done with a group whether in or out of school, or done as individual projects performing service. Generally speaking, service activities are those that are done for, or on behalf, of others (not including immediate family members) for which no compensation (monetary or other) had been given. Please list the names of an adult supervisor who can verify your participation (in the space provided below the activity).

Grade	Service or Community Activity	Major Accomplishment	Hours/Week
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		
9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Activity Sponsor		

Social Studies teacher reference: _____ email: _____

Other Adult reference: _____ email: _____

Teachers/adults (NO PARENTS) must sign this form

Students must have a minimum of two adult sponsors who certify the student has met the criteria of scholarship, leadership, service and citizenship. One must be a social studies teacher. The other may be a teachers, school administrator, or activity or community service sponsors.

I understand that completing this form does not guarantee selection to Rho Kappa, and that the information presented here is accurate.

Student Signature

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Student Name (Printed)

Date

I have read the information provided by my son/daughter on this form, and can verify that it is true, accurate, and complete in its presentation.

Parent/Guardian Signature

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Parent/Guardian Name (Printed)

Date

To be considered for selection to Rho Kappa, this form must be HANDED to: Ms. Chamberlain RM 213

It should not be left in a mailbox nor given to another person. No late forms will be considered.

Incomplete applications will not be considered for membership.