NATIONAL TECHNICAL HONOR SOCIETY

STUDENT APPLICATION FORM

***Please return the completed application to the NTHS Advisor at your home school or your program teacher.***

 ***NTHS Advisors:***

 ***Barberton: Mrs. Boswell - Rm T165 Copley: Mr. Schmeltzer – Tomahawk Rm***

 ***Norton: Mrs. Ward - Rm 103 Wadsworth: Mrs. McClish – Rm 1136***

***Print or Type:***

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Print-Must be legible)*

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Level: Junior \_\_\_\_\_\_\_ Senior\_\_\_\_\_\_\_

HOME SCHOOL: Barberton \_\_\_\_\_\_ Copley \_\_\_\_\_\_ Norton \_\_\_\_\_\_ Wadsworth \_\_\_\_\_\_

Career Technical Program you are enrolled in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On a separate piece of paper, describe your experience in your Career Technical program and how you anticipate that experience will impact your future.** *(Must be typed)*
2. **Work Experience - Please indicate with an \* which jobs are related to your school program.** *(Use a separate sheet of paper is necessary.)*

Place Duties Employment Dates

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **List activities.** Examples: class officer, youth club activities, civic organizations, church activities. This area must have some entries to indicate your leadership and/or involvement in the community. *(Use a separate sheet of paper is necessary.)*

#  Organization or Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Dates in Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours per Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Adult Leader Name & Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Organization or Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Held\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Dates in Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult Leader Name & Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CTSO Membership** *(Career Technical Student Organization)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Ex: Skills, DECA, BPA)

1. **Leadership**: How have you exhibited leadership? ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ *(Use a separate sheet of paper is necessary.)*

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1. **Teacher Recommendation** (*Forms given to)*

 Career Technical Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Academic Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_

***STUDENTS ARE REQUIRED TO ATTEND CEREMONY AND TAKE THE OATH IN ORDER TO BECOME A MEMBER OF NATIONAL TECHNICAL HONOR SOCIETY AND RECEIVE THEIR CERTIFICATE.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Student Signature/Date* P*arent Signature/Date*