

LEADERSHIP ♦ LEADERSHIP ♦ LEADERSHIP ♦ LEADERSHIP ♦ LEADERSHIP ♦
LEADERSHIP

National Honor Society The Academy of Allied Health and Science 2325 Heck Avenue Neptune, NJ
07753

VERIFICATION OF **LEADERSHIP** ACTIVITIES

_____ is academically eligible for membership in the AAHS National Honor Society. Membership, however, is also based on leadership. We solicit your help in evaluating this student. Please indicate your information regarding his/her leadership in:

(Indicate the name and/or nature of the activity you advise)

PART ONE: DESCRIPTION Please describe the role that the applicant played in the activity. Explain what he/she exactly did to be considered a leader. (Use reverse side or another piece of paper if necessary.)

PART TWO: TIME/DURATION

Please estimate the number of hours per week that the applicant has functioned as a leader.

_____ hours per week

Please estimate the duration of the leadership role or activity.

_____ days or weeks (circle one)

_____ Total Hours

Activity Advisor's Name _____

(Please print) Signature

_____ Date

_____ Daytime Phone _____

Email _____

Thank you for the assistance you have rendered to the NHS Selection Committee. Sincerely,

Suzanne Romano NHS Advisor