

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

VERIFICATION OF SERVICE ACTIVITIES

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

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

PART ONE: DESCRIPTION

Please enumerate the activities that this student has performed that can be considered as service to others. Be as explicit as possible concerning the student's level of involvement. (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 was involved.

_____ hours per week

Please estimate the duration of the service activity.

_____ days or weeks (circle one)

_____ Total Hours

Activity Advisor's Name _____
(Please print)

Signature _____

Date _____

Daytime Phone _____

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

Sincerely,
Suzanne Romano and Raquel Needle

NHS Advisors