Eta Sigma Alpha National Home School Honor Society

Lambda Omicron Chapter

**NEW MEMBERSHIP APPLICATION 2018/19**

**Student Full Name:** (as desired on certificate) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_**

**Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Level (2018-2019): \_\_\_\_\_\_\_ Food Allergies/Sensitivities\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student's Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T- shirt size (circle one): Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL**

**Parents’ Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent's Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Standardized Test (circle one): CLT SAT ACT PSAT Iowa Stanford. Date Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meetings\*:** All chapter meetings will be held at CHESS the first Monday of the month from 4:30-5:45pm. Meeting dates are tentative and subject to change based on weather conditions and other unforeseen issues. All members will be notified via phone or email if any changes are made. Parents of members and adult advisors will be required to assist in maintaining a two adult presence at official Lambda Omicron Chapter service projects and meetings, or the event will need to be canceled. Social gatherings outside of official meetings or service projects will not use the official group email and will not require two adults present.

**Write a well-thought out essay (minimum 250 words) discussing one of the following:**

1. Why would you like to join the Lambda Omicron Chapter of the Honor Society? 2) In your experience, what does leadership look like? 3) What does success mean to you?

**• I have read and understand the parent and student commitments outlined in Lambda Omicron Bylaws**

**• I certify that all information provided here is true, accurate and complete.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Include with application:**

 Membership Application

 $25 Dues (check made payable to: Tara Taylor)

 Essay (250-word minimum)

 Copy of Qualifying Test Scores

 Copy of high school transcript/grades

 Letter of Recommendation from a non-relative in a sealed envelope or directly mailed from the evaluator.

 Submit Application and all supporting documents no later than 9/19/2018 to Becky Hauge; during CHESS hours, or by mail to CHESS Coordinator, Attn: NHS, P.O. Box 1063, Haymarket, VA 20169-9998 or by email to coordinator@chessclasses.org