

## 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