**THIS IS A SAMPLE FORM FOR IDEAS FOR YOUR CHAPTER—IT IS NOT A REQUIRED FORM**

**Lutheran Junior Honor Association**

**Application Form**

**(Name) Lutheran School**

**I. Administrative Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Leadership Positions**

List all elected or appointed leadership positions or other positions of responsibility held in school, community, or other activities. (To be considered, you must list at least 1 activity.)

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| --- | --- | --- |
| Leadership Position | Activity/Organization | Supervising Adult |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**III. Service Activities**

List service activities in which you have participated. These can be individual or group service projects done out of school. Generally, service activities are those that are done for or on behalf of others (not including immediate family members) for which no money or compensation has been given. (To be considered, you must list at least 1 activity completed outside of school.)

|  |  |  |
| --- | --- | --- |
| Activity | Hours of Service | Supervising Adult |
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|  |  |  |
|  |  |  |
|  |  |  |

**IV. Other Student Activities**

List other extracurricular activities in which your participate. Include music, sports etc.

|  |  |  |
| --- | --- | --- |
| Activity | Years Participated | Supervising Adult |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Brief Essay**

In 150 words or less, please describe your discipleship—How do you seek to follow him? And, How are you growing as a follower of Jesus? Please either type your essay or handwrite it. Remember to use good grammar and mechanics.

**VI. Signatures**

I understand that completing and submitting this form does not guarantee selection to \_\_\_\_\_\_\_(Name of School)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lutheran Junior Honor Association. I attest that the information presented here is complete and accurate. If selected, I agree to abide by the standards and guideline of the chapter and to fulfill all of my membership obligations to the best of my ability.

Student Signature Date

I have read the information provided by my son/daughter on this form and can verify that it is true and accurate.

Parent Signature Date

Please return this form to (Name), Faculty Advisor by (Date).