**National Honor Society Returning Member Verification**

For **returning** NHS members,

Please write your UC GPA below and check the box if applicable. List all NHS-approved activities you participated in last year. Attach your official transcript and have your guidance counselor sign this form to verify its accuracy. The completed application is due by **Tuesday October 9th** , turned in to **Mr. Tickler in Room 530.**

UC GPA: \_\_\_\_\_\_\_\_ No “U” in Citizenship: 

**NHS Activities**

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Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_