



(Date)

Dear (Name),

Congratulations! You have been selected for membership in the (Name) Lutheran School of (Location) Chapter of the Lutheran Junior Honor Association.

Your selection was based upon careful consideration by our Faculty Panel who reviewed your scholarship, leadership, service, and discipleship.

We would like to have you as our guest at a formal induction ceremony at (location), on (date and time). Additional information will be provided to all confirmed participants at a later date.

Membership in The Lutheran Junior Honor Association is one of the highest honors that can be awarded to a student. Our chapter at (Name of School) is very active, and we know you will add to our chapter by serving others.

Our chapter strives to recognize the total student – one who excels in all of these areas (scholarship, leadership, service, and discipleship). No student is inducted simply because of high academic standard.

Membership, however, is more than an honor. It incurs a responsibility and an obligation to continue to demonstrate those outstanding qualities that resulted in your selection. If our chapter is to be effective and meaningful, each member must become involved. A list of chapter obligations will be provided to you at your first chapter meeting, which will be on (date and time). We now challenge you to live up to your obligations by participating in all of our meetings and projects.

Please return the attached form to chapter adviser, (Name), no later than next (Date). If you have any questions, please do not hesitate to ask.

On behalf of the faculty and staff of (School Name), congratulations again. We look forward to your continued success at one of our students and as a member of Lutheran Junior Honor Association.

In His Service,

(Name)  
Chapter Advisor

**RESPONSE FORM FOR (Name) LUTHERAN SCHOOL CHAPTER of  
LUTHERAN JUNIOR HONOR ASSOCIATION**

Please complete this form and return it to a chapter adviser, (Name), by (Date).

\_\_\_ Yes, I plan to attend the Lutheran Junior Honor Association Induction Ceremony on (Date, Time, Location).

\_\_\_ Yes, I would like to become a member, but I (we) cannot attend due to a previous engagement. If you check this box, please let the advisor know you still wish to become a member.

\_\_\_ No, I will not attend and I do not wish to accept membership at this time.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only:

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Initials: \_\_\_\_\_