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		
• •	ship positions or other positions of be considered, you must list at least	· ·
Leadership Position	Activity/Organization	Supervising Adult
·	,. 5	
III. Service Activities		
done out of school. Generally, ser including immediate family members	have participated. These can be ind vice activities are those that are dor ers) for which no money or compens. activity completed outside of school	ne for or on behalf of others (not sation has been given. (To be
Activity	Hours of Service	Supervising Adult

IV. Other Student Activities

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

	Years Participated	Supervising Adult
V. Brief Essay	,	,
In 150 words or less, please	describe your discipleship—How do	o you seek to follow him? And, How are
		ay or handwrite it. Remember to use
good grammar and mechan	ics.	
VI. Signatures		
I understand that completing of School)	ng and submitting this form does no	
OT SCHOOLI		on. Lattest that the information
	Lutheran Junior Honor Association	
presented here is complete	and accurate. If selected, I agree to	o abide by the standards and guideline of
presented here is complete		o abide by the standards and guideline of
presented here is complete	and accurate. If selected, I agree to	o abide by the standards and guideline of
presented here is complete the chapter and to fulfill all	and accurate. If selected, I agree to	o abide by the standards and guideline of ne best of my ability.
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presented here is complete	and accurate. If selected, I agree to	o abide by the standards and guideline of ne best of my ability.
presented here is complete the chapter and to fulfill all Student Signature	and accurate. If selected, I agree to of my membership obligations to the	p abide by the standards and guideline of the best of my ability. Date
presented here is complete the chapter and to fulfill all Student Signature	and accurate. If selected, I agree to of my membership obligations to the	o abide by the standards and guideline of ne best of my ability.
presented here is complete the chapter and to fulfill all Student Signature I have read the information	and accurate. If selected, I agree to of my membership obligations to the	p abide by the standards and guideline of the best of my ability. Date
presented here is complete the chapter and to fulfill all Student Signature I have read the information accurate.	and accurate. If selected, I agree to of my membership obligations to the	Date Date Date and can verify that it is true and
presented here is complete the chapter and to fulfill all Student Signature I have read the information	and accurate. If selected, I agree to of my membership obligations to the	p abide by the standards and guideline of the best of my ability. Date

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