

**The National Society of High School Scholars
Robert P. Sheppard Leadership Award Application**

This scholarship is for \$1,000.00 to be awarded to an NSHSS member demonstrating outstanding dedication to community service and initiative in volunteer activities. If you would like receipt of our application acknowledged, please include a stamped, self-addressed postcard with your application.

Membership Identification Number: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State/Country: _____ ZIP or Postal Code _____

Email Address: _____

Phone: (_____) _____

Graduation Date: _____ GPA: _____ Grading Scale: _____

High School Name: _____

High School Address: _____

School City: _____ State/Country: _____ ZIP or Postal Code _____

I certify that this information is correct.

Signed: _____ Date: _____

Please submit the following information on separate page(s) and include your name on each page.

1. List and briefly describe community service and other volunteer activities you have engaged in during your high school years. Be as specific as possible. Include dates of service (inclusive dates if ongoing project).
2. Include a letter of recommendation from an educator or community leader familiar with your community service activities.
3. Return the attached form signed by an educator at your school.
4. Include a personal statement addressing the following topic:

Discuss the volunteer project which you feel has most benefited both you and the recipients. Explain how and why you became involved in the project, what it entailed, and what have been the results.

Mail these in one package to the following address postmarked by February 15, 2010

Robert P. Sheppard Leadership Award
The National Society of High School Scholars
National Headquarters
1936 North Druid Hills Road
Atlanta, GA 30319

**The National Society of High School Scholars Robert P. Sheppard Leadership Award
Verification Form**

Educator Name: _____ Position: _____

High School Name: _____

High School Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

I certify that _____ is enrolled at
student name

_____ and has a cumulative GPA of _____.
High School Name

Signature: _____ Date: _____