



**MONTCLAIR HIGH SCHOOL**  
 100 Chestnut Street – Montclair, NJ 07042  
 Awards Program – Self-Nomination Form  
 2019-2020



**The top half of this form is to be filled out by the student**

Remember to use a separate form for each service activity and please **PRINT CLEARLY**

Student's First Name: \_\_\_\_\_ Student's Last Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Have you previously received a HIGH SCHOOL service award:  Yes  No  
 Community Program or Club/Activity

**"There are minimum service hours required for each school year"**

Year 1 – 10 hours (service pin)    Year 2 – 20 hours (bronze pin)    Year 3 – 30 hours (silver pin)    Year 4 – 40 hours (gold pin)

**When this form is completed by the advisor, the student is responsible for returning the form to the Blue Box in the Principal's Office by April 20, 2020**

**\*\*\*\*THIS FORM WILL NOT BE ACCEPTED IF STUDENTS WRITE BELOW THIS LINE\*\*\*\***

Community Program or Club/Activity \_\_\_\_\_ Advisor/Sponsor's Name \_\_\_\_\_

How may we contact the advisor for more information? \_\_\_\_\_  
 Advisor's Phone \_\_\_\_\_ Advisor's Email \_\_\_\_\_

Please check the frequency of the activity:  One-time  Daily  Weekly  Monthly

Other (Explain \_\_\_\_\_)

Is the service through:  Montclair High School Activity  Community Program/Activity

**Notice to advisor/sponsor:**

- Membership alone does not automatically entitle one to an award. Only dedicated and continuous service benefiting the school or community qualifies the student. Therefore, please make your description of service as accurate as possible.

**THIS FORM WILL NOT BE CONSIDERED WITHOUT NARRATIVE and SIGNATURE below**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total number of hours served past 12 months:** \_\_\_\_\_ (please estimate to the best of your recollection rather than estimating, e.g. 40+) Please use other side if necessary ... →

Is this beyond the minimum number of hours required for this activity? \_\_\_\_ Yes \_\_\_\_ No

- Indicate how you would rate the above student as compared to others in the same activity by circling the appropriate number. (Five indicates exceptional service.)

Minimal						Exceptional	
0	1	2	3	4	5		Contribution to organization
0	1	2	3	4	5		Effectiveness
0	1	2	3	4	5		Rapport with Others

3. Student's position in organization:  President  Treasurer  Chairperson  Other \_\_\_\_\_

4. In your opinion, does this student merit an award?  YES  NO

Advisor/Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_