



2018-2019 HONOR SOCIETY APPLICATION

Name	
Address	
City, State Zip	
Phone	
E-Mail	

High School Name	
Address	
City, State, Zip	
Counselor's Name and Phone	
Film/Broadcast Teacher's Name and Phone	
Year in School	JUNIOR SENIOR
Cumulative GPA	

The criteria for selection to the STN National Honors Society are as follows. Please place a check mark to confirm qualification for each item:

1. Students must be in their **junior or senior year** to qualify to apply and submit their application by December 7th, 2018
2. Applicants are required to have a 3.5 cumulative GPA (based on a 4.0 scale)
3. Applicants must have previously participated in one of the following STN activities:
 - STN convention _____ (year/contest)
 - STN contest _____ (year/contest)
 - STN Volunteer _____ (when/where)
 - Other event _____ (when/where)
4. Students must have a letter of recommendation from their adviser/teacher written on school letterhead.
5. Students must have a transcript from the school verifying their grade point average.
6. Students' class must be enrolled in a current STN affiliate member program.
7. Students must have completed one community service project related to video.
Description and link: _____

Complete the application form provided along with all letters required by December 7th, 2018. Make sure the student, parents, teacher and school read, sign and send the completed application form and both pages are returned with the documents

**STN HONOR SOCIETY
SIGNATURES OF AGREEMENT**

I have read and completed the attached information and I verify I am fully eligible for this honor. I understand that returning this application puts my name in consideration for Membership in the STN Honor Society but does not guarantee an invitation to become a member.

Student signature _____

I understand the requirements listed above for my child in order for he/she to be considered for membership and I validate he/she has met these requirements.

Parent Signature _____

*I verify that the above STN Award information is correct and this student is eligible for the award.
(Must be signed by both Teacher and Principal)*

Teacher/Adviser signature _____ Date _____

Principal: _____ Date _____

Please send the **COMPLETED** packet (application, letter of recommendation, transcript and verification letter from your school) along with a check MADE OUT TO STUDENT TELEVISION NETWORK in the amount of \$25.00 to:

Student Television Network
Honor Society
PO Box 2752
Carlsbad Ca 92018

Students accepted into the Honor Society will receive:

Lapel pin
STN cord for graduation ceremony
Honor Society Certificate