



NHS Alternate Activity Form

This form is to be used **only** if you cannot attend an NHS supported activity. Your alternative activity must align with the four pillars of NHS and be genuinely beneficial to the community. To receive credit, complete the form and return to the NHS Advisor. 1 credit will be given for each approved activity, regardless of length; 1 substitution per semester

Activity Description:

Organization: _____

Location: _____

Date: _____ **Time:** _____

You:

Name: _____ **Signature:** _____

Phone Number and Email: _____

Activity Advisor/Supervisor:

Name: _____ **Signature:** _____

Phone Number and/or Email: _____

Parent/Guardian:

Name: _____ **Signature:** _____

Phone Number and/or Email: _____

Briefly explain how this service activity aligns with the four pillars of NHS: Scholarship, Leadership, Community Service, and Character.

Submitted to [name] _____ on [date] _____

Approved (yes/no), confirmation sent by [name] _____ on [date] _____