

Whitefish Bay High School Merit Award 2016-17 Application



Name of Applicant : _____

(print clearly)

Freshman Sophomore Junior Senior

(circle one)

This will be my (___1st ___2nd ___3rd ___4th) Merit Award.

(check one)

*Application Deadline: **March 23, 2017**. Return completed application to **Activities Office** by **3:00 pm** deadline. All activities must be completed by deadline and no late/incomplete applications will be considered for award purposes.

Whitefish Bay High School Merit Award

The Whitefish Bay High School Merit Award is intended to provide recognition for students who demonstrate commitment to the Whitefish Bay school community and its continual growth by participating in school activities, exhibiting a positive attitude in classes, performing service for the school district, and engaging in personal wellness/stress management behaviors during the current school year.

Student Qualifications:

- I. Participates in school activities.
 - A. Membership in a club, athletic team, non-athletic team (debate, math, pit orchestra, etc.) or involvement in play or musical. To be certified by coach/faculty advisor.
 - B. Attendance at four or more school activities (athletic, social or musical events, plays) other than those in which student is a direct participant. To be certified by parent or guardian.
- II. Contributes to a productive classroom atmosphere by exhibiting a positive attitude toward classes. To be certified by two teachers.
- III. Performs service for the school district. Volunteers for ten hours service for or through the Whitefish Bay School District. To be certified by WFB school staff member supervising the activity.
Examples:
 - initiating a project to improve school culture
 - tutoring organized through a school club or organization
 - participating in food or clothing campaign through the school
 - ushering or taking tickets at school events
 - volunteering through WFB high school sports team to coach younger children

Have your service activity **preapproved** by advising district staff member or vice principal before beginning service hours. Student cannot claim service work and also claim that activity as attendance at a school sponsored event. Student also cannot claim service work for an activity for which s/he receives money, credit for a class, or fulfillment of a requirement for another school organization

- IV. Engages in ten hours of wellness/stress management behaviors for personal fulfillment. To be certified by parent or guardian.

Application Procedures:

Student is responsible for having all sections completed and signed. Applications are available in the Activities Office. Fully completed application packet must be returned to Activities Office by deadline. Late or incomplete packets will not be accepted for award consideration. Violations of the activity and/or athletic code will disqualify a student from eligibility for the Merit Award for the school year of the infraction. Truancy will and disciplinary referrals may also disqualify a student from eligibility.

Recognition of Recipients:

Recipients will receive a certificate of merit via mail in May. A four-year merit award recipient will receive a specially designed award at the Awards Ceremony in May.

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Confirmation of Active Participation and Effective Membership in a School Club or Activity

This is to confirm that (print student name) _____
has been an active participant/team member during this school year. This student contributed positively as a team member, exhibited the spirit of compromise, and showed a willingness to solve problems facing a team.

Name of Club/Activity: _____

Printed Name of Advisor: _____

Signature of Advisor: _____ Date: _____

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Confirmation of Attendance at Four School Activities

This is to confirm that (print student name) _____
has attended at least four school activities (athletic, social or musical events, plays) other than those in which s/he was a direct participant during this school year. Students are encouraged to support sports and the arts by including at least one of each type of event.

Name of Event Attended	Date of Event	Signature of Parent/Guardian
1.		
2.		
3.		
4.		

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Confirmation by Two Teachers of Contributions to a Productive Classroom Atmosphere by Exhibiting a Positive Attitude Toward Classes

Verification 1:

This is to confirm that (print student name) _____

has contributed toward a productive classroom atmosphere and exhibited a positive attitude toward class by turning in all homework, actively participating in class discussions and activities, working well without supervision, and managing time efficiently and effectively.

Name of Class: _____

Printed Name of Teacher: _____

Signature of Teacher: _____ Date: _____

Verification 2:

This is to confirm that (print student name) _____

has contributed toward a productive classroom atmosphere and exhibited a positive attitude toward class by turning in all homework, actively participating in class discussions and activities, working well without supervision, and managing time efficiently and effectively.

Name of Class: _____

Printed Name of Teacher: _____

Signature of Teacher: _____ Date: _____

Be sure to consult
with the advising staff
member for the

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Confirmation of Performance of Service

This is to confirm that (print student name) _____

has performed ten or more hours of service for/through the Whitefish Bay School District this school year. Student cannot receive credit for hours if s/he has received money, class credit, or fulfillment of another school organization. Student cannot claim an activity for both service hours and school event attendance. Get these hours **preapproved** to avoid problems later.

Type of Service	Date(s) Performed	Hours	Adult Organizer Verification <i>(not just a witness to the activity)</i>
Example: <i>Organized food drive through WFB High School Model United Nations. Created flyers, collected food from classrooms, and boxed donated food items.</i>	11/15, 11/27	4	Printed Name: <i>Pam Routhier</i> Title: <i>WFB Model UN Advisor</i> Contact: <i>pam.routhier@wfbschools.com</i> Signature: <i>(Supervising adult signs here)</i>
			Name: Title: Contact: Signature:
			Name: Title: Contact: Signature:
			Name: Title: Contact: Signature:
			Name: Title: Contact: Signature:

Total Hours: _____ (minimum of 10 required)

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Confirmation of Wellness/Stress Management Activities

This is to confirm that (print student name) _____
has engaged in ten or more hours of wellness/stress management activities during this school year. These activities include physical or intellectual interests in which the student engaged for personal fulfillment. Examples include training for a 5K run/walk or reading the most recent best seller.

Wellness/Stress Management Activity	Date Performed	Hours	Signature of Parent/Guardian

Total Hours: _____ (minimum of 10 required)