## **ETA SIGMA ALPHA**

National Home School Honor Society

Lambda Gamma Chapter York County, SC

## **APPLICATION**

Mail completed applications and sealed letters of reference to:

Mrs. Chloe E. Walker 2136 James Court Rock Hill, SC 29732



		wolf5pck@comporium.net		
Student's Name		Date of Application		
Address		Email		
		Phone Number		
		Cell Number		
Date of Birth		Current Grade Level		
Name of Home School		Expected Year of Graduation		
Accountability Association		Notify Association: YES	NO	
Please refer to national website for Test Scores	or specific requirements. htt	tp://www.etasigmaalpha.com/me	mbership/	
		Date of Test		
Administered by:				
(Please attach or include a copy	with your application.)			
High School Grade Point Average	<u>e</u>			
Please attach transcripts.	Weighted	Non-weighted		
Letters of Recommendation (2)				
Letters of Recommendation will be	pe received from:			
(1.)	, Email	Phone		
(2.)	, Email	Phone		
Essay				
Please attach or include with this	application.			
Code of Conduct				
information section. I understand	d that my conduct, words, a	y the Code of Ethics an Conduct a nd deeds should reflect Christian c Gamma Chapter of the Eta Sigma	haracter and	
Applicant Signature	licant Signature		Date	
Parent's Signature				