

CHAPTER CHARTER APPLICATION

(HIGH SCHOOL DIVISION)

(833) 637-1117

CONTACT@PHARAOHSSOCIETY.COM WWW.PHARAOHSSOCIETY.COM

Natio	onal Pharaohs Society
OFF	ICE USE ONLY
Date Received	
Amount Received	\$
GRANTED	
DENIED	
REACTIVATE	:D
Leadership •	• Character • Service

YPE O	F CHARTER	NEW	REACTIVATION			
hapt	ter Sponsor Inform	ation (Individual Respor	nsible for Charterin	g Cha	apter)	
1.	Full Name					
2.	Home Address					
3.	Email					
4.	Phone Number					
5.	Are you a high school adm	ninistrator, faculty member or coa	ch?	YES	NO	
dmi	nistrative Informat	ion				
6.	School Name					
7.	Address					
8.	Email					
9.	Phone Number					
10.	Website					
11.	Contact Information					
	Name	Phone Number	Email Address		Position/Title	
					Principal	
					Vice Principal	
					Chapter Advisor Chapter Advisor	
					Guidance Counselo	
12.	Who is responsible for a	approving new school clubs?				
13.	Is approval of new clubs	s by the local Board of Education	on required?	YES	NO	
14.	14. Would you prefer that we identify prospective chapter advisors? YES					
15	At least ten students wi	th good character interested ir	n membershin?	YES	NO	

(NOTE: Potential Pharaohs must show respect, responsibility, trustworthiness, fairness, caring, and citizenship.)

Chapter Information

16. Are there at least ten Pharaohs in your area who desire to form a local chapter? YES NO17. List Prospective Chapter Charter Members (Minimum of 10 Members In Good Standing)

Member Number	Full Name	Address	Grade Level/ GPA
18. Are th	nere eligible candidates in your area who de	esire to join an alumni chapter?	YES NO
19. How r	nany prospective charter members will be eligib	ole alumni candidates?	
does not guara	t this application to charter or reinstate a chapentee that the National Pharaohs Society will is ne else to charter a chapter of the National Pha	sue a chapter charter. I further underst	
Chapter Spons	or Signature		