



# MISSISSIPPI WING CADET HONOR SOCIETY INDUCTEE APPLICATION

CAPID	NAME (FIRST, LAST, MIDDLE INITIAL)	GRADE	GENDER
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UNIT CHARTER	NAME OF UNIT
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<b>1st Achievement or Milestone</b>	Aerospace Module #	Score %	<u>Eligibility Review</u> <input type="checkbox"/> Score 90 or above for three consecutive achievements including milestones.  <input type="checkbox"/> For achievements 2-7 it must be the average of both the leadership and the aerospace for that achievement.  <input type="checkbox"/> Achievement 1 and milestone tests will stand by themselves.  <input type="checkbox"/> For achievements 8-16 only leadership tests will be used  <input type="checkbox"/> Scores will be based on first attempts only. Second attempts do not count.  <input type="checkbox"/> Must be a cadet in good standing.
	Leadership Chapter/Milestone	Score %	
<b>2nd Achievement or Milestone</b>	Aerospace Module #	Score %	
	Leadership Chapter/Milestone	Score %	
<b>3rd Achievement or Milestone</b>	Aerospace Module #	Score %	
	Leadership Chapter/Milestone	Score %	

WHAT ARE YOU APPLYING FOR?	INITIAL APPLICATION <input type="checkbox"/>  SOCIETY MEMBER OF DISTINCTION <input type="checkbox"/> INDUCTION NUMBER _____
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## UNIT CERTIFICATION

I, \_\_\_\_\_, certify that to my knowledge:

PRINT NAME

- All info on this form is correct and completed.
- All test scores have been reviewed and are consecutive.
- All scores are first attempts only
- This cadet is in good standing with the Civil Air Patrol
- This applicant meets the pre-requisites for induction in the Mississippi Wing Cadet Honor Society.  
(Refer to MSWG Operating Instruction: 001-C1)

\_\_\_\_\_  
SIGNATURE OF UNIT COMMANDER OR DEPUTY COMMANDER FOR CADETS

\_\_\_\_\_  
DATE

UNIT MAILING ADDRESS	UNIT COMMANDER'S TELEPHONE NUMBER
STREET _____	_____
CITY _____ STATE _____ ZIP CODE _____	BEST TIME TO CONTACT _____

## TO BE COMPLETED BY THE MISSISSIPPI WING CADET PROGRAM'S STAFF ONLY

DATE RECEIVED _____	DATE VERIFIED _____	DATE POSTED _____
PRINTED NAME AND GRADE OF APPROVING OFFICER _____		SIGNATURE OF APPROVING OFFICER _____

APPROVED	REASON FOR DISAPPROVAL
DISAPPROVED	