The student is responsible for completing the required number of hours of community service from an approved agency during the semester for the scholarship awarded. The Time Record sheet must be completed and signed by the agency in order to receive full credit for the service hours.

Agency Name: ........................................ Phone: ___________________________
Contact Person: __________________________ Signature: __________________________
Number of Hours Completed: ___________ Date Completed: _______________________
Type of Work: ................................................

Agency Name: ........................................ Phone: ___________________________
Contact Person: __________________________ Signature: __________________________
Number of Hours Completed: ___________ Date Completed: _______________________
Type of Work: ................................................

Agency Name: ........................................ Phone: ___________________________
Contact Person: __________________________ Signature: __________________________
Number of Hours Completed: ___________ Date Completed: _______________________
Type of Work: ................................................

Agency Name: ........................................ Phone: ___________________________
Contact Person: __________________________ Signature: __________________________
Number of Hours Completed: ___________ Date Completed: _______________________
Type of Work: ................................................