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: ____________________________

Agency Name: ____________________________ Phone: ____________________________
Contact Person: ____________________________ Signature: ____________________________
Number of Hours Completed: ____________ Date Completed: ____________________________
Type of Work: ____________________________