



YOUTH SCHOLARSHIP PROGRAM

COMMUNITY SERVICE FORM

YOUR NAME:	
PLACE OF SERVICE:	
SERVICE ADDRESS:	
CONTACT AND PHONE:	
DATE(S) OF SERVICE:	NUMBER OF HOURS:

DESCRIPTION OF WHAT YOU DID:

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PLACE OF SERVICE:	
SERVICE ADDRESS:	
CONTACT AND PHONE:	
DATE(S) OF SERVICE:	NUMBER OF HOURS:

DESCRIPTION OF WHAT YOU DID:
