

SLPS Service Hours Form



STUDENT NAME: _____

STUDENT ID#: _____

HIGH SCHOOL: _____

DATE	ORGANIZATION/COMPANY	TIME IN	TIME OUT	TOTAL HOURS	WORK OR VOLUNTEER	SUPERVISOR NAME	SUPERVISOR PHONE #
TOTAL NUMBER OF HOURS SUBMITTED ON THIS FORM				_____			

Student's Signature: _____ (required)

Parent's/Guardian's Signature: _____ (required)

Upon meeting the minimum number of required hours, according to scholarship qualifications, students must complete the Service Hour Reflection on the back of this form and submit with form and any other required documentation.

FOR SCHOOL PERSONNEL TO COMPLETE

DATE ENTERED INTO SKYWARD: _____

ENTERED BY: _____
(Name)

