



Office of Student Life and Leadership
Community Service Scholarship

Student's Name: _____ Student's Emplid #: _____

Record each day's hours on a separate line:

| Name of Agency: | Date of Service: | # Hours Worked: |
|-----------------|------------------|-----------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |

Supervisor's Name: _____

Supervisor's certification for completion of 10 hours:

Signature: _____ Date: _____

When you have completed 10 hours of service, please have your supervisor sign the form. Bring your completed form to the Student Life and Leadership Office Room 224, Griffin Hall on the Hampton Campus or Room 106D, Historic Triangle Campus. You will be issued a letter of authorization for \$100.00 tuition assistance.

To our Agency Partners,

Thank you for participating in the Thomas Nelson Community Service Scholarship Program. We value your participation in this program to help our students gain community service experience while earning tuition assistance dollars. If you have any questions, please do not hesitate to call us at 825-2863.