

Port St Lucie High School 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. Employment hours should include a copy of paycheck stubs with SSN# darkened out. Community Service hours should be accompanied with an official letter on the Community Service Organization Letter head stating your name, how many hours of service you performed with their contact information for verification. A reflection is required for employment and community service hours.

FOR SCHOOL PERSONNEL TO COMPLETE

DATE ENTERED INTO SKYWARD: _____

ENTERED BY: _____

