Isothermal Community College
Community Service Verification Sheet

Student Name: _____ **Student ID:** _____ **Semester:** **Spring 2010**

Name of Organization/Individual	Telephone Number	Date(s) of Service and Service Performed	Hours	Verification Signature

I certify that all of the above information is true and correct to the best of my knowledge. I also certify that the community service hours reported above were volunteer and unpaid. I understand that I must complete and return the community service verification worksheet to the Powers Scholarship Coordinator by Tuesday, May 11, 2010.

_____ _____

Student Signature Date

To Be Completed by the Office of Financial Aid:

Total Hours _____