

Washington County Scholarship Trust

P. O. Box 776
Vernon, Florida 32462
(850)535-2426

Community Service Point Schedule

Name _____
Address _____

Phone _____
High School _____
Homeroom _____
School Year _____
Year of Graduation _____
Social Security Number _____

General Information

- This form **must** be postmarked each year on or before **June 15th**; and sent **with** the End of Year Point Schedule.
- Points will **NOT** be awarded for community service earning high school credit.
- This document **must** be attached to the End of the Year Point Schedule sheet.
- The student/parent is responsible for obtaining, completing, and mailing this form to the above address.

COMMUNITY SERVICE ACTIVITY

_____ has performed _____ hours of
(Name of Student)
community service with _____.
(Name of Organization)

Description of activities student was involved in for your organization: _____

Name of Supervising Individual

Signature of Supervising Individual

I, _____, have participated with _____
(Name of Student)

_____ to provide community service in the following ways:
(Name of Organization)

Student Signature

Date

Community Service
5 hours = 1 point
(Max = 5 points per yr)