Scott Community High School Verification of Community Service Hours

Student Name (please p	rint) No	n-Profit Organization
DATE	HOURS WORKED	SUPERVISOR INITIALS
DAIL	TIOOIGS WORKED	JOILE VISOR HATTE
OTAL HOLDS WODE		CDADE LEVEL
		GRADE LEVEL
		GRADE LEVEL
		GRADE LEVEL
OTAL HOURS WORK		GRADE LEVEL
	erformed:	ofit Organization Representative (Please Print)