

Service Hour Form

Student Name: _____ **Grade:** _____

Project Category: (please circle one)

CHURCH

SCHOOL

NONPROFIT ORGANIZATION

Project Name: _____

Supervisor: _____

Address of Event: _____

Date of Project: _____ **Time of Project** _____ am pm

Project Description:

Hours Earned: _____

Supervisor's Signature: _____

Supervisor's Phone Number: _____

Project Approval: _____