THE COLLEGIATE HIGH SCHOOL AT NORTHWEST FLORIDA STATE COLLEGE
FLORIDA ACADEMIC SCHOLARS' CERTIFICATE
RECORD OF COMMUNITY SERVICE HOURS

Name: _____ Social Security Number: _____

High School: _____ Year of Graduation: _____

Student's Address: _____

City: _____ State: ___ Zip Code: _____ Phone Number: (___)_____

Date of Activity	Agency/Place of Activity	Nature of Activity	Number of Hours Worked	Signature of Project Supervisor

Total hours reported on form _____

I attest that I have performed the above listed hours toward completion of 75 hours of community service required for the Florida Academic Scholars' Certificate.

_____ _____

Signature of Student Date Signature of Parent Date