



Legacy Scholarship – Community Service Volunteer Tracking

Name: _____
 Phone: _____
 College: _____
 HS Grad Yr: _____

Volunteer activities must be verifiable with an adult. Activities **MUST** be for **nonprofit organizations, K12 schools, service club, and/or a religious institution**, and may not be for an immediate family member (including grandparents). Volunteer activities **may NOT** be used to replace typically paid positions or for private businesses, neighbors or friends (such as babysitting, lawn care, etc.)

Shaded area to be filled out by Contact Person. *KEY: NP-nonprofit organization; K12 – K12 School; RI – Religious Institution; SC – Service Club

20 Hours Required

Date	Hours	Organization/School/ Religious Institution/ Service Club	Contact Must be an adult and not an immediate family member	Contact Phone Number	Signature of Contact	Contact, Please Check one*
						NP__ K12__ RI__ SC__
						NP__ K12__ RI__ SC__
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						NP__ K12__ RI__ SC__

Total Hours for the Period: _____

Please return your signed form no later than
June 1st by 5 PM
 (If this is a weekend or holiday the form is due
 the following business day.)
 Retain a copy of this document for your records

Jackson College Access Center
 1206 Jackson Crossing
 Jackson, MI 49202
 (517) 990-0671