

Date/Date Range	Hours for Period	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__
						NP__ K12__ RI__ SC__

Total Hours for the period: _____

Please return your signed form no later than
December 1, 2009
 Retain a copy of this document for your records

The Jackson Legacy Program and
 College Access Center
 1206 Boardman Rd
 Jackson, MI 49202
 (517) 990-0671



Completion Plan: Please specify your plan below for achieving 80 hours of community service before the end of the award period.
Failure to provide an approved plan will result in forfeiture of your second semester award. Your plan must be received and approved by the Jackson Legacy Program on or before **December 1, 2009**.

Organization	Contact Person	Contact Phone #	Expected Hours	Confirmation of Start Date