Legacy Scholarship – Community Service Volunteer Tracking II

The Jackson Legacy Program

Name: _____
Phone: _____
College: _____

Volunteer activities must be verifiable with an adult. Activities **MUST** be for a **non-profit activity or organization, 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.

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

80 hour balance DUE Report Period: December 1, 2009 – April 30, 2010

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__
						NP__ K12__ RI__ SC__
						NP__ K12__ RI__ SC__
						NP__ K12__ RI__ SC__
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						NP__ K12__ RI__ SC__
						NP__ K12__ RI__ SC__
						NP__ K12__ RI__ SC__

Total Hours for the period: _____

Please return your signed form no later than
May 1, 2010
Retain a copy of this document for your records

Location:

Near the Sears wing of Jackson Crossing

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