



## Jackson Legacy or Edward and Nella Fullman Scholarship Community Service/Work Credit Tracking Form

Name: _____
Phone: _____
College: _____

**Reporting Period:**   ☐ June 1<sup>st</sup> – November 30<sup>th</sup> or ☐ December 1<sup>st</sup> – March 31<sup>st</sup>

**WORK CREDIT** is for students that average at least 20 hours of paid employment per week during the school semester. Contact person can be manager or supervisor and must complete the grey sections.

Date or Date Range	Average Hours Worked	Employer	Contact - Print Name	Contact Phone Number	Signature of Contact

**COMMUNITY SERVICE:** Students must volunteer 20 hours for a non-profit organization, K12 schools, service club, and/or a religious institution located in Jackson County. Volunteer activities ***may not*** be for an immediate family member or be used to replace typically paid positions, such as babysitting, lawn care, etc. Contact person is an adult coordinating the volunteer activity and must complete the grey sections.

Date or Date Range	Hours	Organization/School/ Religious Institution/ Service Club	Contact - Print Name	Contact Phone Number	Signature of Contact

**Total Hours Volunteered** \_\_\_\_\_

Please email or mail your completed form no later than  
**5PM on December 1 (for period ending 11/30) and**  
**5PM on April 1 (for period ending 3/31).**  
 Retain a copy of this document for your records

Jackson Community Foundation  
 100 S. Jackson Street, Suite 206B  
 Jackson, MI 49201  
[cbellew@jacksoncf.org](mailto:cbellew@jacksoncf.org)