



COMMUNITY SERVICE FORM

NAME	
PLACE OF SERVICE	
ADDRESS	
CONTACT AND PHONE	
DATE(S) OF SERVICE	NUMBER OF HOURS

DESCRIPTION OF WHAT YOU DID:

NAME	
PLACE OF SERVICE	
ADDRESS	
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DESCRIPTION OF WHAT YOU DID:

ESA[®] YOUTH SCHOLARSHIP PROGRAM

COMMUNITY SERVICE FORM

NAME	
PLACE OF SERVICE	
ADDRESS	
CONTACT AND PHONE	
DATE(S) OF SERVICE	NUMBER OF HOURS

DESCRIPTION OF WHAT YOU DID:

I witness that the above student has completed the community service described above.

Signature of high school counselor, teacher or other outside agency which verifies participation.