



Student Scholarship Community Service Form

Student Information

Student Name	Contact Number
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Please provide detail concerning your participation in community service or charitable event activities. Remember, community service is work performed without pay or compensation for the benefit of a community or charitable organization.

Department or Organization	Name of Direct Supervisor
Address of Organization	Contact Phone Number

Please provide a specific, detailed description of the work performed including the benefits to the community, qualifying organization or specific individual(s). You may attach testimonials or other supporting documents to this form if applicable.

Description of Work Performed (attach additional materials, if necessary)
Total Hours Worked:

I hereby acknowledge that the work as described above is a factual accounting of the job duties and performance regarding Student Employee _____.
Name of Student (please print)

Supervisor Name (print)	Supervisor Title
Supervisor Signature	Date
Student Signature	Date

Return completed form to:
Michigan Information Systems Association (MISA)
P.O. Box 493
Dimondale, Michigan 48821