

SPONSORS FOR ACADEMIC TALENT, INC.
 COMMUNITY SERVICE VERIFICATION FORM
 School Year _____

Student: _____ Grade: _____ High School: _____ Graduation Year: _____

Please supply the following information as verification that the above named student has performed community service for your agency.

Agency: _____ Phone Number: _____

Type of Work Performed by Student: _____

Location of Work Performed by Student: _____

Date > Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
June																																	
July																																	
August																																	
September																																	
October																																	
November																																	
December																																	
January																																	
February																																	
March																																	
April																																	
May																																	

Print Name: _____ Telephone Number: _____

Signature: _____ Date Verified: _____