

BLHS

National Honor Society

Service Hours Request Form: 2025 –2026

Name: _____

Grade: _____

Date(s) of Service Project: _____

Number of Hours Worked: _____

Supervisor of project: _____

Describe the Project:



Describe who will benefit from this project and how will they benefit?

I hereby authorize that the above hours were done in full. I also acknowledge that I was not paid for these services, I did not personally benefit from them, and I contributed my full effort in accordance with the rules of the Buffalo Lake-Hector-Stewart chapter of the National Honor Society.



Signature of NHS member: _____ Date: _____

As the supervisor of this project, I hereby authorize that the above person has served the designated service hours in the project described, and to my knowledge has not personally benefited from it.



Signature of supervisor: _____ Date: _____