

FLORIDA STATE UNIVERSITY SCHOOL COMMUNITY SERVICE VERIFICATION SHEET

(Florida Academic Scholars Certificate Program)

NAME: _____

NOTE: The student is responsible for obtaining all necessary information and signatures. This form should be shared with your guidance counselor at least once a year, prior to submittal of your senior year for the *Florida Academic Scholars Certificate* scholarship program.

| NATURE/NAME OF PROJECT | YOUR INVOLVEMENT IN THE PROJECT | DATES WORKED | HOURS WORKED | SUPERVISOR SIGNATURE |
|------------------------|---------------------------------|--------------|--------------|----------------------|
| | | | | |

I certify that the above information is true and accurate to the best of my knowledge and that the stated work was performed as defined.

Total of hours completed: _____ Date completed: _____ Date submitted: _____

Signature of student: _____ Signature of parent/guardian: _____