David and Mary Hjorth Family Endowment Fund

Verification of Community Service Hours

Name of Applicant: This student is applying for a scholarship through the <i>David and Mary Hjorth Family Endowment</i> Fund. Please respond to questions 1 and 2 as objectively and accurately as possible. This will be kept confidential.	
1.	How long and in what capacity have you known the applicant?
2.	Please list how many hours of community service that the applicant has completed. List number of hours on this sheet.
Your Pi	rinted Name:
Title: _	Phone #:
Addre	SS:
Signatı	ure: Date: