

# David and Mary Hjorth Family Endowment Fund

## Verification of Community Service Hours

Name of Applicant: \_\_\_\_\_

This student is applying for a scholarship through the **David and Mary Hjorth Family Endowment Fund**. Please respond to questions 1 and 2 as objectively and accurately as possible. This will be kept confidential.

The completed form must be submitted to Denisha Shackelford at [dshackelford@iegives.org](mailto:dshackelford@iegives.org) no later than **April 7, 2024** for the application to be considered.

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 Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_