Scholarship Community Service MUST be completed at a Non-Profit Organization in the Howard County Community. Any community service completed at a place other than one listed on the approved HC Scholarship list MUST be approved by Jodie Wright District Associate Director Financial Aid 432-264-5114.

## SCHOLARSHIP COMMUNITY SERVICE FORM

Scholarship F	Received:			
Semester: _	Fall			
form returne form is not	f Scholarship Communid to the Howard Collegonece in the Howard Collegonece in the Howard Collegonece in the Howard Collegonece in the Howard Pour Will be required to the Howard Pour Will Book Pour Will be required to the Howard Pour Will be requi	e Enrollment Service you may not be e	ces Office no later telegible for this sc	than <mark>November 1</mark> . <u>If th</u> <mark>holarship the next tim</mark>
Name of Scholarship Recipient		_ has volunteered and completed		hours of scholarship
Community s	ervice for	Name of Agency	y	
Signature of Contact Person			Date	
Signature of Scholarship Recipient			Date	
	SOCIAL SECURITY NU SUBMITTING THIS FOR APPLICANT SOCIAL SI	RM.		