

California Scholarship Federation
Community Service Form

Name: _____ Date Submitted: _____

.....Fill out this portion *before* beginning work on your service project.....

Project Supervisor: _____

(Project supervisor must be an adult who will direct your project and verify that it has been satisfactorily completed.)

Estimated hours needed to be complete for your project: _____

Project Date(s): _____

Project Location: _____

The Purpose of the project: _____

Write a brief description of your project: _____

Signature of CSF advisor: _____

.....Fill out this portion *after* work on your project has been completed.....

Number of Hours: _____ Date Completed: _____

Signature of Project Supervisor: _____

Comments: _____
