



Class of 2024 Scholarship Application

Volunteer Work Verification Form

Scholarship Applicant: Complete and return via Google Form, [email](#) or, mail (P.O. Box 38596 TLH, FL. 32315) by **January 31, 2024**.

Applicant's Name: _____

Name & Address of Volunteer Facility or Organization	Description of Activity	Number of Hours Completed	Volunteer Coordinator's Name, Phone Number, & Email Address

**By signing this Volunteer Hours Form, you are pledging that the above information is correct and that the stated hours have been honestly earned.
(Attach an additional sheet, if necessary.)**

Applicant's Signature/Date: _____

Application Deadline: January 31, 2024