



Class of 2026 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, 2026**.

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.
(Additional sheet included, if needed).**

Applicant's Signature/Date: _____

Application Deadline: January 31, 2026

Applicant's Name: _____

[illegible]

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