



## EMPLOYMENT VERIFICATION FORM

As contestants in the Mr. Oak Harbor Scholarship Competition, our participants earn competition points in a variety of areas, including sports, extracurricular activities, employment, and volunteer work. In order to get credit and receive points in these categories, the Competition requires the following verification. Please complete this request on behalf of our contestant listed below, and return it to him by **October 31**. For more information about the Mr. Oak Harbor Scholarship Competition, please visit our website: [WhidbeyRoyalty.org](http://WhidbeyRoyalty.org).

Contestant Name \_\_\_\_\_ Number \_\_\_\_\_ Phone(s) \_\_\_\_\_

*By my signature below, I certify that this contestant worked at our organization or for me personally in a paid capacity for the number of hours indicated during this school year, **June 1, 2024 - October 31, 2024**.*

**Employer:** \_\_\_\_\_ **Supervisor Phone:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employee Position:** \_\_\_\_\_

**Number of hours worked each month**

June	July	August	September	October

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Supervisor Phone:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employee Position:** \_\_\_\_\_

**Number of hours worked each month**

June	July	August	September	October

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Supervisor Phone:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employee Position:** \_\_\_\_\_

**Number of hours worked each month**

June	July	August	September	October

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Whidbey Royalty*

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Whidbey Royalty is a 501(c)(3) nonprofit organization – FEIN 85-1091323