

**SPONSORS FOR ACADEMIC TALENT, INC.
COMMUNITY SERVICE VERIFICATION FORM
School Year _____**

Student: _____ Grade _____ High School: _____ Graduation Year _____

Please supply the following information as verification that the above named student has performed community service for your agency.

Agency: _____ Phone Number: _____

Type of Work Performed by Student: _____

Location of Work Performed by Student: _____

Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
June																																
July																																
Aug																																
Sept																																
Oct																																
Nov																																
Dec																																
Jan																																
Feb																																
Mar																																
Apr																																
May																																

Print Name _____ Telephone Number _____

Signature _____ Date Verified _____