DENNIS W. HOLDER SCHOLARSHIP FUND

COMMUNITY SERVICE FORM

HFD Scholarship Program

Printed Student Name: _____

Print your name

WHEN **00/00/00** **Month/Day/Year Activity took place** **Must include the year activity took place**	**DESCRIPTION OF SERVICE** **Activity must take place between June 1, 2025 – June 1, 2026**	**NUMBER OF HOURS** **10 hours Max**	**AGENCY and/or RECIPIENT of Community Service** ***NOTE: Activity can include good deeds for family, friends & neighbors*** *If you are adding verification documents from an outside agency, you must still sign this form and add the words "see attached" under Agency. If you have any questions, please call the DWHSF at* 281-385-8525.	**SIGNATURE** **ORIGINAL SIGNATURE required From representative and/or recipient of community service/good deeds** **NOT ACCEPTED: typed, printed or digital signatures**
EXAMPLE July 1, 2025	Dog sat for my brother	3 hours	John Q. Public *Printed name*	**ORIGINAL SIGNATURE of John Q. Public goes in this space** ***please read the above information***
	Must TOTAL 10 hours			

Student Signature (original) ***Typed, printed, or computer-generated will not be accepted***