Madison County Schools Mississippi Tech Master Scholar Program COMMUNITY SERVICE VERIFICATION FORM 2019-2020

Student's Name:					
High Sch	ool:				
<u>Community Service Hours Tabulation</u> *In order to receive credit, this form must be completed fully and returned to the front office at Madison Career and Technical Center or your teacher by April 1, 2020. If we are unable to verify the hours listed below with the contact supervisor, the hours will NOT be counted.					
Date	# of Hours	Event/Organization	Supervisor's Name	Supervisor's Signature	Supervisor's Phone Number
TOTAL HOURS: (The Mississippi Tech Master Scholar Program requires 40 community service hours.)					
Student's By signing service(s)	Signature: my name abo listed above.	sove, I certify that all informati	ion on this form is truthful	and I performed all o	f the community
		rification: I, the parent/guan	v	student, certify that my	y son/daughter
performed	the described	d community service(s) at the	times listed above.		
		me:			
Parent/Guardian Signature: Date:					
Date:					