



2016-2017 Harper Promise Community Service Hours Reporting Form



Date(s)	Service Site	Detailed Description of Service and Beneficiary of Service	Hours
Agency and Agency Representative (print)		Agency Representative Signature (cannot be a family member)	Phone Number
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I certify that the above information is true and accurate to the best of my abilities. I understand that my eligibility for the Harper Promise scholarship may be jeopardized by false information.

Total Hours _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____