

Scholarship Student Community Service Report

This is to certify that _____, a student of Baptist
(student name)

College of Health Sciences, performed _____ hour (s) of community service at

_____ on _____.
(name of organization) (date service performed)

(Signature/ Printed Title)

Event Name _____

Description _____

Note: If this activity is part of a course requirement, then it is not eligible to be counted toward your scholarship requirements.

Student Signature _____