



*Sisters Striving for Excellence, Incorporated*

## Community Service Validation Form

Applicant Name \_\_\_\_\_

Year of Application—Fall \_\_\_\_\_

DATE	AGENCY	TYPE OF SERVICE	EVALUATION *	SUPERVISOR	PHONE NUMBER	HOURS

\*To be filled out by supervisor. Please use a scale of 1-10 to evaluate the applicant's performance.

Total Hours Completed \_\_\_\_\_ (25 hours are required for Collegiate Membership; 100 hours are required for Non-collegiate Membership)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_