Please select Program: (check all that apply)

- ASC Mentoring Program (AMP)
- College Access Partnership Award (CAP-A)
- Dr. Donald Suggs Scholarship
- Educational Access Programs (EAP)
- EAP/Matching Success Award (MSA)
- EAP/MERIT Award
- INROADS
- Learning Assistance Programs (LAP)
- Dr. Martin Luther King, Jr Scholarship
- TRIO/McNair Scholars Program (McN)
- TRIO/Student Support Services (SSS)
- Other

Name: _________________________________ Southeast ID: _________________________________
Cell Phone: _____________________________ Southeast Email: _____________________________
Event Date: ____________________________
Event Title: ________________________________________________________________________
Event Location: _____________________________________________________________________
Total Number of Hours Completed: __________

To be completed by Agency: (this portion can NOT be completed by a current Southeast student)
Name of Agency: ________________________________________________________________
Name of Agency Representative (print): _____________________________________________
Signature of Agency Representative: ________________________________________________
Phone Number: ________________________ Email: ____________________________________

Please Note:
- Submitting this verification form does NOT guarantee the hours indicated will automatically approved.
- Please review all guidelines pertaining to the acceptable community service hours and address all questions or concerns with the appropriate ASC staff member.
- It is the student’s responsibility to submit verification of hours by Monday, May 6, 2019 by 5:00 PM.

I verify these hours meet the following definition of community service: Volunteer service beyond the confines of a traditional classroom that fosters civic responsibility for the benefit of the community. This service is non-paid, non-graded, and non-punitive.

Student Signature: _____________________________ Date: ______________

For ASC Office Use Only:
Contact data entry date: ___________________________ Initials: _____________