



**Be One Of Us
Community Service Verification Form
SPRING 2024**

Please return this completed form to:
keepm@tompkinscortland.edu

Return by: May 5, 2024

Please print or type:

Student Name _____ Student ID: _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

Organization/DepartmentName: _____

Date Community Service was Performed: _____ # of Hours: _____

Contact Person/Title _____

E-Mail _____

Activity/Work Performed: _____

Organization's Signature _____ Date : _____

***Note:** Failure to return this form by the due date will disqualify you from receiving the Be One of Us Scholarship.