

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			
for the marper Fromise scholarship may be jeopar		pardized by false information. Total Hours	
Studen	t Signature:	Date:	<u>-</u>
Paren	t Signature:	Date:	