Grand Rapids Community College

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Grand Rapids, Michigan 49503-3295
www.grcc.edu
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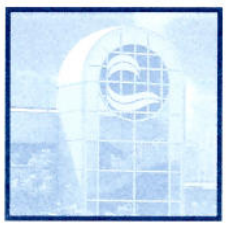

Upward Bound Program

Community Service Verification Form

Student Name_____

To be completed by Student

Academic Semester (mark one) Fall☐ Winter ☐ Year: 200__

Community Service Organization: _____

Supervisor/Coordinator Name (please print): _____

Contact Phone Number: _____ E-Mail: _____

Total Number of Hours: _____

Dates: _____ _____ _____ _____ _____

Briefly describe the type of serve you are doing:_____

_____

_____

_____

To be completed by Supervisor/Coordinator

Upward Bound students are required to fulfill at least 10 hours of community service each semester. Please fill out the following questions to the best of your knowledge.

Number of hours completed at your Organization_____

Has this student's participation been satisfactory? Yes☐ No ☐

Is the above student information accurate? ☐Yes ☐ No

Comments:_____

_____

_____

_____ _____

Supervisor/Coordinator Signature **Date** **Student Signature** **Date**

If you have any questions concerning this form please contact the Upward Bound Program at 616-234-4150