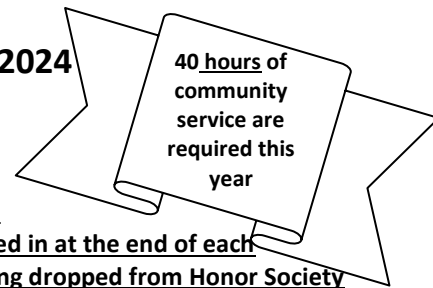




# HONOR SOCIETY SERVICE VERIFICATION FORM 2023-2024



- Grade 7
- Grade 8

Member's Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Points must be turned in at the end of each quarter to avoid being dropped from Honor Society**

Date of Service** (one date of service per line)	Service Rendered Please be <b>specific</b> about services rendered as we need to verify that they are appropriate for credit. Remember this is <b>COMMUNITY SERVICE</b> .	Total # of Hours (please round to the nearest half hour)	Printed Adult Name:
			Adult Signature:
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____
			Print: _____ Signature: _____

All completed forms must be submitted to the inbox outside of room 242 for approval.

*Mrs. McCullough and Ms. Wist*

Advisor Use Only:

Hours Earned: \_\_\_\_\_ Advisor Approval:

- Q1
- Q2
- Q3
- Q4