



SELF HELP VERIFICATION FORM
Fall 2011 Semester

Student Name:

Student SSN:

Scholarship Award: \$

Status:

The College Resource Center reserves the right to accept or deny community service depending on type of service. If you have questions contact your Student Advisor for prior approval.

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ORGANIZATION REPRESENTATIVE MUST COMPLETE THIS FORM

Cherokee Nation Scholarship recipients are required to volunteer one hour of service to the nation (Cherokee Nation) or non-profit entity for every \$100 they receive in scholarship funding. Official written verification will be required. (Example: \$2,000 per semester = 20 community service hours).

Organization Name: _____

Organization Address: _____

Organization City, State & Zip: _____

I hereby certify that the above listed student has completed _____ hours of community service to our organization. Hours were served between _____ and _____.

BRIEF DESCRIPTION OF SERVICES PROVIDED (REQUIRED):

Organization Representative Signature

Date

Title

Phone

Students are responsible for ensuring that this form is completed and submitted with the scholarship application.

If you have any questions, please contact the College Resource Center at (918) 453-5465 or 1-800-256-0671 ext. 5465.