



BAPTIST HEALTH SCIENCES UNIVERSITY

Scholarship Student Community Service Report

This is to certify that _____, a student of Baptist
(student name)

Health Sciences University, performed _____ hour (s) of community service at

_____ on _____.
(name of organization) (date service performed)

(Signature/ Printed Title)

Event Name: _____

Description: _____

Note: If this activity is part of a course requirement, then it is not eligible to be counted toward your scholarship requirements.

Student ID Number: _____ Date Form Returned: _____

Student Name (please print): _____

Student Signature: _____