

The following form is to be completed by a contact person at the organization for whom the community service was performed. If multiple organizations are involved, please provide each additional organization with a copy of this form for their convenience. Forms should be mailed to The Tri-Creek Education Foundation at 19290 Cline Ave., Lowell, IN 46356 or turned in to the LHS Guidance Office by March 22, 2018.

TRI-CREEK EDUCATION FOUNDATION, INC.

**CHERYL ROSEVEAR COMMUNITY SERVICE SCHOLARSHIP
APPLICATION 2018**

***ALL COMMUNITY SERVICE LISTED BELOW
MUST BE VOLUNTARY AND NON-COMPENSATED***

PLEASE PRINT ALL INFORMATION

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME AND TITLE OF PERSON COMPLETING THIS FORM:

(Name) (Title)

Brief description of community service performed by student:

Dates of Service: _____

Total Hours of Service: _____

In your opinion; what qualities does this student exhibit, when performing community services and that you feel entitles him/her to be considered for this scholarship.

