



School Activity VERIFICATION FORM

Student Name (Please Print):	Grade/School:
Organization/Group Name:	Location & Phone Number:

Description of Activity(ies):

Date(s) of Activity	Number of Hours	Organization Representative Name (Please Print)	Organization Representative Signature*	Organization Representative Title

*You must obtain the signature of an official representative of the activity for which you are participating. Failure to comply will result in loss of stipend for that day.