

**MLT Blanche B. Perry Scholarship
COMMUNITY SERVICE FORM**

Student name: _____

Address: _____

Student phone #: _____ Email: _____

High school name: _____

Name of Community Service Supervisor: _____

Name of Community Service Organization: _____

Hours of service: _____

Type of service: _____

Supervisor's comments:

Student's comments:

Please explain how has this service experience affected you?

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____