



Community Service Agreement

(Please Print)

Name: _____ ASU ID: _____

Address: _____ City/State/ZIP: _____

Phone: _____ Major: _____ Year: _____

Agreement:

As part of the Arizona Board of Regent’s requirements for receiving a non-resident tuition waiver/scholarship at Arizona State University, I understand that I must complete twenty (20) hours of Arizona community service each semester. This community service must be performed within the state of Arizona. I agree to be responsible for my actions. I understand that if I am using my own transportation, the state of Arizona requires all drivers to carry auto insurance coverage. Failure to complete the 20 hours or meet the due date each semester will result in the termination of my scholarship.

Student Signature: _____ Date: _____

Please make a copy of this form for your personal records and return the completed form to ASU Scholarship Office, Room 204 (second floor of the Student Services Building). Community Service Agreements are due by **December 10, 2001 and May 10, 2002**. Copies of this form may also be obtained from our website www.asu.edu/fa/scholarships.

All Sections Must be Completed. You are responsible for ensuring that you have completed the minimum of twenty (20) hours each semester that is required and submit the agreement to the Scholarship Office by the semester due dates.

Community Service Placement:

Agency: _____ Location: _____

Contact: _____ Phone: _____

Type of Service/Nature of Work: _____

Date:	Number of Hours Worked:
	Total Hours:

Agency Supervisor/Coordinator Verification:

Name: _____ Signature: _____

Phone #: _____ Fax #: _____

To list additional community service placements, see the reverse side of this form.

Community Service Placement:

Agency: _____ Location: _____

Contact: _____ Phone: _____

Type of Service/Nature of Work:

Date:	Number of Hours Worked:
	Total Hours:

Agency Supervisor/Coordinator Verification:

Name: _____ Signature: _____

Phone #: _____ Fax #: _____

Community Service Placement:

Agency: _____ Location: _____

Contact: _____ Phone: _____

Type of Service/Nature of Work:

Date:	Number of Hours Worked:
	Total Hours:

Agency Supervisor/Coordinator Verification:

Name: _____ Signature: _____

Phone #: _____ Fax #: _____