

Haywood High  
School  
Distinguished  
Scholars  
Diploma  
Program

# Community Service Information

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Date of Community Service \_\_\_\_\_

**Type or Description of Community Service Project** (Community Service is service to the community for which you do not receive payment or compensation. It must be documented and signed by an adult responsible for the program to be counted for Tennessee Scholars or Distinguished Scholars credit.)

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**Total Hours for Project:**

- \_\_\_\_ Tennessee  
Scholars
- \_\_\_\_ Distinguished  
Scholars
- \_\_\_\_ Both

**Authorized signature of person supervising the Community Service:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone number of authorized person** (to be used for verification if needed): \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_