|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Service Work Study Completion Form | | | | | | | | | | | | |
| Complete section below and return to the Office of Financial Aid no more than two weeks after Community Service work is complete. | | | | | | | | | | | | |
| **Student Name** |  | | | | | | | | | | | |
| **Student WPI ID** |  | | | | | | | Year: (ex 2012) | | | | |
| **Company Name:** |  | | | | | | | | | | | |
| **Company Address** |  | | | | | | | | | | | |
| **Company Address** |  | | | | | | | | | | | |
| **City, State Zip** |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Name of Supervisor** |  | | | | | | | | | | | |
| **Title: Phone ( ) -** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date(s) & Hours Communtity Service work was performed** | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Signature of Community Service Supervisor:** | | | | | | | | | | | | |
| ***By signing this form you are indicating that the student listed above worked the hours listed at your*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **General description of work that was performed** | | | | | | | | | | | | |
| *By signing this form I understand that I will only be paid for a maximum of 15 hours of community service (unless I'm employed in a year long position designated by the SAO office). Any hours worked in community service beyond the 15 hours will be considered my own personal volunteer time given to the organization.*  ***I also understand that if the completion form is not turned in within 2 weeks of the date of the work hours listed above I will not be paid for these hours and they will not be counted toward my 15 hours of community service. All hours must be completed by 5:00 pm est. on the last day of D term. Any hours completed after this will not be paid or count towards your required 15 hours of service. I also acknowledge that this form cannot be used to submit hours for the Relay for Life event there is a separate time sheet form specifically for that event. These forms must be submitted at the event ! Any forms turned in after the event will not be accepted and the hours will not count toward my CSWS requirement.*** | | | | | | | | | | | | |
| **Signature of Student: Date:** | | | | | | | | | | | | |
| DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY WPI OFFICE OF FINANCIAL AID | | | | | | | | | | | | |
| Approval Decision |  | Approved | | Denied: (if denied provide a brief description for reason) | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature of FA Official: Date: | | | | | | | | | | | | |