

Rural Health Education Scholarship

Community Service Verification Form

Please complete this form as you finish your community service activity for the Rural Health Education Scholarship. The form must be signed by the person who oversees your volunteer work.

I have completed _____ hours of community service at _____.
(organization)

In the space below, please write a brief summary of the community service completed.

Date completed _____

Student signature

Host Signature

Position of Host at Organization

Please mail the completed and signed form to Shannon Kirkland at

Office of Rural and Community Health
Texas Tech University Health Sciences Center
3601 4th Street STOP 6232
Lubbock, TX 79430