UCLA BLUE AND GOLD SCHOLARSHIP
COMMUNITY SERVICE FORM

Name: __________________ UID: __________________ E-mail: __________________

Note to Scholar: This form is to be completed and submitted as proof of fulfilling ALL required Community Service hours. Please note, twenty (20) Community Service hours are required each academic year in order to be eligible to receive a Blue and Gold Scholarship. No subsequent award for the next academic year will be made until all service hours within each academic year have been completed. Seniors will have a hold placed on their records if they do not complete their community service hours.

You MUST NOT be compensated for your community service. Service must be done on a voluntary basis. Training will not count as part of your community service hours.

NOTE TO PROGRAM REPRESENTATIVE: Scholars must directly serve K-12 or community college students. They MUST NOT serve your organization by doing OFFICE WORK, RUNNING ERRANDS, or serving your offices rather than students. Training hours should NOT be included in the hours indicated below.

Volunteer Time:
Date ________ Time : _______ am/pm to _______ am/pm Total Hours: ______________
Brief Description of Community Service Performed:
________________________________________________________________________

Name of Program Representative ______________________ Phone # (___) ___ - ______
Signature: _______________________________________________________________  
________________________________________________________________________
Date ________ Time : _______ am/pm to _______ am/pm Total Hours: ______________
Brief Description of Community Service Performed:
________________________________________________________________________

Name of Program Representative ______________________ Phone # (___) ___ - ______
Signature: _______________________________________________________________  
________________________________________________________________________
Date ________ Time : _______ am/pm to _______ am/pm Total Hours: ______________
Brief Description of Community Service Performed:
________________________________________________________________________

Name of Program Representative ______________________ Phone # (___) ___ - ______
Signature: _______________________________________________________________  
________________________________________________________________________

Please return form to: Financial Aid Scholarship Office, A129 Murphy Hall
Mary Horne (310.825.3022) or
Verona Nelson (310.206.9314)