

Name:

**NHS Service Hour Log**  
**In-School Service Hours**

Type of Service done at STA/Date of Service	Department	Total Hours	STA Faculty/Staff Member Include Email Address
<b><i>Total Number of In-School Service Hours Completed:</i></b>			

**All Hours must be completed by December 1 and submitted with your application.**

Name:

**Community Service Hours**

<b>Agency/ Organization</b>	<b>Description of Service</b>	<b>Total Hours</b>	<b>Agency Organization/Validation Include name and phone or email for contact person</b>
<b><i>Total Number of Out-of-School Service Hours Completed:</i></b>			

**All Hours must be completed by November 15 and submitted with your application by December 1.**