



FOUNDATION FOR THE  
EDUCATIONAL AND ARTISTIC  
ADVANCEMENT OF STUDENTS

## Community Service Verification

Student Name & College/University: \_\_\_\_\_

Community Service Site & Address: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_

Site Supervisor's Phone #: \_\_\_\_\_

Site Supervisor's Signature: \_\_\_\_\_

## Document All Hours

DATE	ACTIVITY	HOURS	SIGN-OFF

### **MAIL or SCAN, COMPLETED FORM TO:**

Student Arts Foundation  
173 Spruce Avenue  
Rochester, NY 14611- 4049

Scan: [staff@studentartsfoundation.org](mailto:staff@studentartsfoundation.org)