NHS Service Hours Tally Form

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity (description) | Dates/  Times | Hours Earned | Contact / Title Email/Phone # | Adult Signature (not a parent) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

**False representation on this hour sheet it will result in removal from NHS.**

Grand Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_ Turn in to Mrs. Walls.