

FMPIF SCHOLARSHIP COMMUNITY SERVICE FORM  
FMpayitforward.org

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nominator: \_\_\_\_\_ E-mail: \_\_\_\_\_

Note to applicant: This form is to be completed and submitted as proof of fulfilling ALL required Community Service hours. Please note, eight (8) Community Service hours are required in order to be eligible to receive an FM Pay-it-Forward Scholarship.

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: They MUST NOT serve your organization by doing office work, running errands, or serving your offices. It MUST be time served toward the community. Training hours do not count as community service hours.

Date \_\_\_\_\_ Time : \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Total Hours: \_\_\_\_\_  
Brief Description of Community Service Performed:

\_\_\_\_\_

Name of Program Representative \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Signature: \_\_\_\_\_

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Date \_\_\_\_\_ Time : \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Total Hours: \_\_\_\_\_  
Brief Description of Community Service Performed:

\_\_\_\_\_

Name of Program Representative \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Signature: \_\_\_\_\_

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Date \_\_\_\_\_ Time : \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Total Hours: \_\_\_\_\_  
Brief Description of Community Service Performed:

\_\_\_\_\_

Name of Program Representative \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Signature: \_\_\_\_\_

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Applicants Signature: \_\_\_\_\_ Nominators Signature: \_\_\_\_\_

Please return form to: FM Pay it Forward Scholarship Office. Fax Number 214-227-2024 or [apply@fmpayitforward.org](mailto:apply@fmpayitforward.org) - Attn: Lisa McKenzie