

Community Project Verification Form

Senior Project 2016/'17
Kennedy High School

I, _____ , certify that _____ [senior student] has completed 20 or more hours of community service for his/her senior project.

Community Member Signature

Date

In the space below, please provide a brief summary of how the student executed his or her project.

Community Member Information

Name:

Title/Organization:

Number:

Address:

Note: Some Agencies and Community Members will be contacted if further verification is needed. If you have any questions or concerns about the performance or completion of the project please feel free to contact:
David Van Natten, Principal - david-vannatten@scusd.edu