

# National Honor Society Individual Service Project Hours Completion Form

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NHS Member Name: \_\_\_\_\_

Date of Service Hours Completion: \_\_\_\_\_

What group/organization was the service completed for (local church, ball association, VFW, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Description of the service activity completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Section for Supervising Adult Information:

Printed Name: \_\_\_\_\_

Organization Representing: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

### Adviser Use Only:

Date Submitted: \_\_\_\_\_ Approved: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_