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**CommYOUnity Service Award**

**Description**

This award is given to the Nebraska FCCLA member who puts the most community service hours into making their school and community a better place. ***These hours must be completed between August 1 and March 1.***

The completed application must include: all description forms **and** the total number of service hours page.

**Note:** Community Service is unpaid, and must benefit the community. If you need more slots, please copy the 3rd page and fill out accordingly.

**Example:**

**Date of Service:** *August 20, 2021*

**Number of Hours**: *2*

**Organization:** *American Legion*

**Short description of Service:** *I picked up trash for the American Legion along the community highway. Afterwards, the Legion officers invited us back for a meal and didn’t give us any monetary reward/donation.*

**Verified Signature of a Supervisor:** *(Signature of the supervising officer)*

Due March 1st to:

Nebraska FCCLA State Adviser

[awards@nebraskafccla.org](mailto:chelsey.greene@nebraska.gov)

**CommYOUnity Service Award Application**

|  |  |
| --- | --- |
| **Chapter Name** |  |
| **Student Name** |  |
| **Student Email** |  |
| **Adviser Name** |  |
| **Adviser Email** |  |

I agree that the student has completed the following community service hours to benefit the local community between August 1st and March 1st.

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

Student Signature Adviser Signature

|  |  |  |
| --- | --- | --- |
| Date of Service: | | Number of Hours: |
| Organization: | | |
| Short description of Service: | | |
| Signature of a Supervisor: |  | |

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| Date of Service: | | Number of Hours: |
| Organization: | | |
| Short description of Service: | | |
| Signature of a Supervisor: |  | |
| Date of Service: | | Number of Hours: |
| Organization: | | |
| Short description of Service: | | |
| Signature of a Supervisor: |  | |

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| Date of Service: | | Number of Hours: |
| Organization: | | |
| Short description of Service: | | |
| Signature of a Supervisor: |  | |

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| Date of Service: | | Number of Hours: |
| Organization: | | |
| Short description of Service: | | |
| Signature of a Supervisor: |  | |

**Total Number of Community Service Hours**

|  |  |
| --- | --- |
| **Date** | **Hours Served** |
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| **TOTAL HOURS SERVED:** |  |