The American Women's Club of Lagos

Scholarship Program

Community Service Record

Charity of Choice	Date of Service	No. of Hours	Supervisor	Service

I pledged that I have fulfilled five (5) hours of community service as a condition of being a scholarship recipient of The AWC.

Student's Name: _____ Signature: _____

I certify, to the best of my knowledge, that my student has successfully completed five hours of community service.

Sponsor's Signature: _____