



VALLEY OF RAINBOWS COMMUNITY SERVICE FORM

To incorporate the values of servant leadership and a way to ‘give back’ to the community, Valley of Rainbows asks each scholarship awardee to provide a community service project as a condition of receiving future scholarships. For minors or young children under 14 years of age, we ask the parent/older sibling to complete the community service.

Your six (6) hours of community service may be at one or more organizations. It should:

- Benefit a nonprofit community or organization, preferably in the Leeward Coast/Wai’anae community. (Kahe Point to Kaena).
- Meet a legitimate community need
- Have a significant impact on you
- Not benefit a political campaign or religious activity.
- Not be self, personal or family organized.
- Not place the scholarship recipient in a position in which a relative or fellow recipient is a supervisor of the activity.
- If eligible for a future scholarship, community service of six (6) hours must be performed within twelve (12) months of scholarship award to qualify for a future award.
- Complete the attached form within 12 months of award and mail to:
Valley of Rainbows
Attn: Community Service Project
PO Box 1009
Wai’anae, HI 96792

COMMUNITY SERVICE REPORTING FORM

Today's Date: _____

Awardee Last Name _____ First Name _____ Date of Award: _____
 If community service is performed by another person, list name here: _____
 Why is this person performing your community service project? _____
 Your phone contact: _____ Email: _____

Valley of Rainbows Community Service Reporting Form

A total of six (6) hours must be completed within 12 months from the date of your award to be eligible for future awards from Valley of Rainbows. Please see attached for service guidelines and directions.

Organization name _____ Is this a 501.c.3 agency? Yes No
 Type of organization _____ Agency Executive Director _____
 Organization Site Address _____
 Name of supervisor/point of contact _____ Phone _____
 Signature of supervisor/point of contact _____ Date _____

REFLECTION STATEMENT – Share what you learned by doing this community service project:

DATE	Number of Hours Completed List times	Description of community project or service completed.
TOTAL		

CERTIFICATION I certify that this is an accurate and true record of the Community Service Report and that I performed the above stated service hours. I understand that any false statement may jeopardize my eligibility to receive future funding and I may be responsible to repay funds already disbursed to me.

Student Signature (required) _____ Signature of Parent/Guardian _____ Last 4-digits of SSN _____ Date _____



Submit completed Report form to:
Valley of Rainbows, Attn: Community Service, PO Box 1009, Wai'anae, HI 96792
Mail within 12 months from initial award to qualify for future award(s).

Office Use Only: Date form received: _____ Total hours completed: _____ Type of Service _____

___ Eligible for future award
 ___ Not qualified for future award because _____
 ___ If disqualified: Parents/Awardee contacted? ___ Yes ___ No Action: _____

VoR Signature _____ Date _____