

Higher Education Scholarship - Volunteer Hour Log

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email: poischolarships@isletapueblo.com

TO BE COMPLETED BY HEP STUDENT

Student Name:			Date:		
required to complet	•	nteer hours pe	r semeste	r in which	(1), all scholarship recipients are they receive funding. To fulfill this funded term.
This document serve	es as an official record to	capture the fol	llowing:		
1. The total num	nber of volunteer hours	completed.			
2. Details about	t the events or activities	in which the st	udent par	ticipated.	
If you have any o	questions or need clarific	cation, please of	contact th	e scholarsł	nip program.
Event Date	Event Name	Start Time	End Time	Total Time	Event Coordinator Signature
			Total Hou	ırs:	_
Student Signature:			Date:		
	TO B	E COMPLETE	ED BY HE	P STAFF	
Please Check Appropriate Term(s): Fall 20			Spring20 Summer 20		
Staff Signature:			Title:		
Date:					