

Month/Year: _____

APCH Shaheen Scholarship Program
Volunteer/Internship Hour Log Sheet



Please fill in all of the information requested.

Name: _____

Student ID#: _____

Academic Year: _____

Organization Name: _____

Internship Opportunity

Volunteer Opportunity

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS

I am signing this form as acknowledgement that the information presented above is accurate.

Supervisor's Signature: _____

Date: _____

Student Signature: _____

Date: _____