

SCHOLARSHIP COMMUNITY SERVICE REQUIREMENT CINCINNATUS, UC GLOBAL, & UC NATIONAL OUTREACH AWARDS

Community Service Criteria

- "Those services designed to improve the quality of life for community residents (general public), particularly low-income individuals, or solving problems related to their needs."
National and Community Service Act of 1990
- Further information at www.financialaid.uc.edu/scholarshipservice and supplemental Web pages

Renewal Requirements

- **3.2 cumulative GPA** at the end of spring term
- Completion and submission of **15 hours of service per semester of scholarship funding** (to maximum of 30 hours) annually by end of spring term
- **Maximum of 10 on-campus service hours** at a program, project or service open to public and where no one is normally paid to do similar service at UC
- When using this service verification form, **sign** your paper form and make a **copy** before submitting it
- Submit service forms as hours are completed throughout the academic year (encouraged, not required)
- Service must be completed after the start of fall semester through the final day of spring semester
- While scholarship funding is not available for co-op terms, students can complete service hours while on co-op
- Scholarship renewals will occur over the summer and post on award offers by July 1st

Service Opportunities

Center for Community Engagement
www.uc.edu/cce
2639 Clifton Avenue – Stratford Heights
513-556-1559
community.engagement@uc.edu

Service Requirements & Reporting

Scholarship and New Student Financial Aid Center
www.financialaid.uc.edu/scholarshipservice
340 University Pavilion
513-556-2420
513-556-2253 (fax)





Academic Year _____

Check One: Cincinnati Scholar

UC Global Scholar

UC National Outreach Scholar

Other _____

Scholarship Community Service Hours Report Form

Name (sign below) _____

UCID: _____

UConnect E-mail _____

Phone _____

* Explain in detail the service performed and persons or group benefiting from service. Students may not sign for another's service hours as the Agency Representative.

| Date | Service Site | Detailed Description of Service and Beneficiary of Service | Hours |
|------|-----------------------------------------------|------------------------------------------------------------|--------------|
| | Agency & Agency Representative (please print) | Agency Representative Signature (cannot be a student) | Agency Phone |
| | | | |
| Date | Service Site | Detailed Description of Service and Beneficiary of Service | Hours |
| | | | |
| | Agency & Agency Representative (please print) | Agency Representative Signature (cannot be a student) | Agency Phone |
| | | | |
| Date | Service Site | Detailed Description of Service and Beneficiary of Service | Hours |
| | | | |
| | Agency & Agency Representative (please print) | Agency Representative Signature (cannot be a student) | Agency Phone |
| | | | |

I certify that the above information is correct to the best of my abilities.

TOTAL HOURS _____

Student Signature _____

Date _____