

TEXAS SCHOLAR VOLUNTEER PLAN
SCHOOL: _____

Last	First	Middle
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Grade	Student ID #	Student Phone #
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Name of Agency	Phone #
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Agency's Contact Name	Date
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Agency Mailing Address	Zip	Agency Street Address
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Student's Signature	Date
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Counselor's Signature	Date
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**SENIORS ARE REQUIRED TO HAVE COMPLETED THE TOTAL
20 HOURS BY THE END OF THE FOURTH SIX WEEK PERIOD.**

SERVICE LOG

DATE	HOURS COMPLETED	DUTIES PERFORMED	INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____