



COMMUNITY SERVICE

15 hours per semester commitment

Fall Spring Year: _____

Name (Please Print): _____

As a recipient of the RCIP College Scholarship Award, you have agreed to perform 15 hours of community service per semester in an effort to “Give Some Back” to the community that is supportive of your higher education.

This service may be performed at any **Wayne County Not-for-Profit Organization** of your choice. You may volunteer at more than one organization to fulfill the hours required.

This form must be completed and returned to the RHS Alumni Office at 380 Hub Etchison Parkway, Richmond, IN 47374 by the end of the semester that the work is performed. This requirement is necessary to fulfill the obligation for the funds previously received.

Please have a person of authority sign the form in recognition of your contribution. If more than one organization was a recipient of your service, have a form completed by each organization. **Forms must be returned the last day of your semester classes.**

Please list dates and duties performed:

Person of Authority (Print name & Sign)

Email/Phone Number



Once a Red Devil...
Always a Red Devil!

NOTE: Community Service is subject to verification. Falsification of information will eliminate student from any future scholarships.

Mail or Return by end of semester to: Richmond High School Alumni Association
380 Hub Etchison Parkway, Richmond, Indiana 47374

Website: www.rhsalum.org Email: kkitchin@rcs.k12.in.us Phone: (765) 973-3338

Facebook: @RichmondHighSchoolAlumniAssociation Instagram: @rhsaa_39