Century Scholars Community Service Form

As stated in the Century Scholars Program handbook, this scholarship program operates on a “Pay it Forward” philosophy. Century Scholars should recognize that the community service requirement allows students the opportunity to give back to the Bryan/College Station (B/CS) Community. Therefore, community service hours...

1) **must be completed within Bryan/College Station**

2) **must be done for the betterment of the Bryan/College Station community but not for the betterment of only the Texas A&M campus**

Below are two websites that have service opportunities in the Bryan/College Station area:

- Texas A&M’s AggieServe website, located at [http://aggieserve.tamu.edu](http://aggieserve.tamu.edu)
- Volunteer Brazos Valley’s website, located at [http://volunteerbrazosvalley.org](http://volunteerbrazosvalley.org)

When in doubt, Century Scholars should clarify a potential service opportunity in advance with a Century Scholars Program coordinator. See the table below for some examples:

<table>
<thead>
<tr>
<th>This would count!</th>
<th>Reason</th>
<th>This would NOT count.</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering at an animal shelter</td>
<td>Off campus, betterment of B/CS</td>
<td>Kyle Field Clean Up</td>
<td>Betterment is just Texas A&amp;M and not B/CS.</td>
</tr>
<tr>
<td>Assembling meals for Brazos Valley Food Bank at the MSC</td>
<td>While done on campus, the benefit is the community.</td>
<td>Participating in Relay for Life</td>
<td>You’re a participant but you’re not doing service.</td>
</tr>
<tr>
<td>Volunteering for a business like a retail store or restaurant</td>
<td></td>
<td>Volunteering at a clinic in your hometown 1 hour away</td>
<td>This is not being done in Bryan/College Station.</td>
</tr>
</tbody>
</table>

All freshmen, sophomore, and junior Century Scholars are required to complete the minimum number of five (5) community service hours each semester. Seniors must complete 5 hours by December 15, 2017, but do not have to do any hours for spring. Students who do more than 5 hours in the fall can have their extra hours roll over to count towards the spring. That is the only semester that extra hours may roll over; extra spring hours do not roll over to the following fall. All information provided on this form is subject to verification. A signature from the service organization’s representative is required for all documented hours. Each section must be completed in its entirety to receive credit. The Community Service Recap found on the next page is due December 15, 2017 for fall and May 10, 2018 for spring and must be submitted to the LAUNCH front desk in the first floor lobby of Henderson Hall. First semester freshmen may submit this form in UGST 181 to their instructor.

If a student has received pre-approval for a community service activity, the student is responsible for attaching a copy of the approval confirmation with the Community Service Recap. Failure to do so will result in that event’s hours not counting towards the requirement.

**If you are in charge of a service event, you may not sign your own form. Find another organizer, officer, advisor, etc. to sign it for you.**

**If you are doing a co-op or study abroad for a semester, please email centuryscholars@tamu.edu to work out arrangements.**
Century Scholars Community Service Form

Please complete this form and submit it in person to the front desk on the first floor of Henderson Hall no later than December 15, 2017 for fall and May 10, 2018 for spring. You may use multiple pages as needed, but please include all information on all pages.

Student’s Name:___________________________________     UIN:_________________      CLASS OF 20____

Name of Service Organization:________________________________________________________________________________

Date service was performed:_____________________________________________________________________________

Hours completed (do not include travel time):_____________________________________________________________

Detailed description of service (How does it benefit the BCS community?):__________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Representative’s name and title:__________________________________________________________________________

Representative’s email address and phone number:_______________________________________________________

Representative’s signature:_______________________________________________________________________________

Name of Service Organization:________________________________________________________________________________

Date service was performed:_____________________________________________________________________________

Hours completed (do not include travel time):_____________________________________________________________

Detailed description of service (How does it benefit the BCS community?):__________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Representative’s name and title:__________________________________________________________________________

Representative’s email address and phone number:_______________________________________________________

Representative’s signature:_______________________________________________________________________________

Name of Service Organization:________________________________________________________________________________

Date service was performed:_____________________________________________________________________________

Hours completed (do not include travel time):_____________________________________________________________

Detailed description of service (How does it benefit the BCS community?):__________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Representative’s name and title:__________________________________________________________________________

Representative’s email address and phone number:_______________________________________________________

Representative’s signature:_______________________________________________________________________________