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, and

3) must be offered through one of the following websites or pre-approved by a coordinator by emailing centuriescholars@tamu.edu.

- Texas A&M’s AggieServe website, located at http://aggieserve.tamu.edu
- Volunteer Brazos Valley’s website, located at 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></td>
<td></td>
<td>Participating in Relay for Life</td>
<td>You’re a participant but you’re not doing service.</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>Volunteering for a business like a retail store or restaurant</td>
<td>The business is for-profit; no community betterment done.</td>
</tr>
<tr>
<td></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 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 3, 2021, but do not have to do any hours for spring. 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 3, 2021 for fall and April 29, 2022 for spring and must be submitted to the LAUNCH front desk in the first floor lobby of Henderson Hall.

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 centuriescholars@tamu.edu to work out arrangements.**

**Service done August 1—December 3 counts for fall. Service done January 1—April 29 counts for spring. Any service done outside those time frames does not count.**
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 3, 2021 for fall and April 29, 2022 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:_______________________________________________________________________________