

HO'OULU KAIĀULU COMMUNITY SERVICE TIMESHEET (CST)

'Imi Na'auao Financial Aid and Scholarship Services 2015-2016 Academic Year

DEADLINES*

December 31, 2015 for completion and reporting of minimum 60 hours July 11, 2016 for completion and reporting of remaining hours

| Name: LAST Please PRINT legal name | | FIRST | | MI |
|------------------------------------|----------------------|---|-----------------------|-----------------------------|
| Submitting Report F | or: Com | munity Service A'o Makua | | |
| Name of the Organiz | | • | | |
| Organization Type: | Cultural | Environmental | Religious | Social Services |
| | Health | Education/Mentoring | | |
| Organization's Addre | ess: | | | |
| Supervisor's Name: | | | Phone #: | |
| Supervisor's Signature: Date: | | | | |
| Additional space available on ba | ack. | | | |
| Date | No. of | | | |
| (MM/DD/YY) | Hours | Description of | of Activity or Cours | se |
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| | | | | |
| | | | | |
| TOTAL HOURS | | | | |
| REFLECTION STA | TEMENT W | hat did you gain from this experie | ence? (check all that | apply) |
| ☐ Broadened cultural a | | | | 7 |
| | - | | |] career moight, experience |
| Sense of fulfillment | from helping out | ers Increased personal and a | academic skinset | |
| STUDENT CERTIF | FICATION | | | |
| | nd that any false si | ecord of the Ho'oulu Kaiāulu Community atement may jeopardize my eligibility to re | | |
| Student's Signature | e | | Date | |

Submit form to: Kamehameha Schools – Applicant Services Center 567 S. King St., Suite 102 Honolulu, HI 96813 Attn: 'Imi Na'auao

Additional space (if needed)

| Name: LAST | | FIRST | MI | | | |
|----------------------|-----------------|-----------------------------------|----|--|--|--|
| Name of the Organiz | zation/A'o N | Iakua Course: | | | | |
| Organization's Addre | ess: | | | | | |
| Supervisor's Name: | | Phone #: | | | | |
| | | | | | | |
| Date (MM/DD/YY) | No. of Hours | Description of Activity or Course | | | | |
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| TOTAL HOURS | | | | | | |

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