Voluntary Services Verification Form
Qudio and Anna Pichini Merit Scholarship
(Verification Form Must be Signed by Organization Official)

Student/Employee/Volunteer's Name: ________________________________

Name of Company/Organization/Association: _________________________

__________________________________________________________________

Address: _____________________________________________________________________________

(Street) _____________________________________________________________________________

(City) (State) (Zip)

Direct Supervisor's Name: ____________________________________________________________________

Position or Title Held by Applicant: ____________________________________________________________________

List Date(s) of Service: ____________________________________________________________________

Briefly Describe the Responsibilities of the Volunteer:

_____________________________________________________________________

(Print Your Name) ___________________________ (Signature) _______________________________________________________________________

(Position) ___________________________ (Date) _______________________________________________________________________

(This form may be copied for each company/organization/association.)