



**ADA Show Service Award Program
Requirement Completion Form**
(To be completed before Oct. 30.)

Name: _____

Volunteer Activity Record (a minimum of 25 hours required):

Event: _____ Hours: _____

Event secretary signature: _____ Date: _____

Event: _____ Hours: _____

Event secretary signature: _____ Date: _____

Event: _____ Hours: _____

Event secretary signature: _____ Date: _____

Event: _____ Hours: _____

Event secretary signature: _____ Date: _____

Event: _____ Hours: _____

Event secretary signature: _____ Date: _____

ADA Article

Theme / Title: _____ Date Approved: _____

Date article submitted: _____

Submit to:

Amy Schierbeek
Scholarship Chairperson
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Holland, MI 49423
amyschi72@gmail.com