



SCHOLARSHIP

CHARACTER
**JEFFERSON HIGH SCHOOL
CHAPTER**
SERVICE

LEADERSHIP



Jefferson High School NHS Early Graduation Form

Name _____

Date of graduation: _____

Date Individual Service Project accepted by NHS advisor: _____

Please list the required three elective NHS activities you have completed:

Please write the number of required hours completed for this particular community service project: _____ (Please use multiple forms if you completed multiple community service projects to complete the required 15 hours for early graduation.)

Description of community service project performed: _____

Have you received compensation (credit hours, payment, room and board, etc.) for these service hours? Yes _____ No _____

If you answered "Yes", please explain: _____

Immediate supervisor for this community service project:

Phone number of immediate supervisor: _____

Jefferson High School Advisor approval:

Steve McCauley - JHS NHS Co-advisor

Victoria Foster JHS NHS Co-advisor