



APA Service Hours Credit Form

Date _____

Daughter's Name _____ Grade (circle one) 9 10 11 12

Parent/Guardian Name _____

Event name or description of service _____

Receipt total donated to Alverno: _____

Staff member approving hours credit: _____

Please staple your receipt to this form.

Thank you for your donation & service to Alverno!

Questions? Please email: apaservicehours@alverno-hs.org

(Revised 1/25/2016)



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