



Student Activities Recognition Award Form

Full Name: _____

Student ID#: _____

Contact number: _____

Email address: _____

Name of Club/Organization: _____

We verify that the above mentioned student has maintained an active role in the above mentioned club/organization on campus or off-campus volunteer activity.

For On-Campus Volunteers:

(Name of Club President) (Signature of Club President) (Date)

(OR)

(Name of Club Advisor) (Signature of Club Advisor) (Date)

(OR)

For Off-Campus Volunteers:

(Name of coordinator) (Signature of coordinator) (Phone number)

Please return this completed form to the Office of Financial Aid.