Angeles Institute, LLC

WHERE FUTURE NURSES START

Federal Work Study Community Service Verification Form

Student Name: _____ Student Phone Number: _____

Name of Agency: _____ Agency Phone Number: _____

Agency Address: _____

Federal Work Study Manager(s): ____Marisa De Los Santos, Allison Lee, James Rosa II_____ Agency Contact Person: _____

Please Note:

1. Submitting this Form does not mean that the hours indicated on it will automatically be applied to the Federal Work Study Community Service Program. All Federal Work Study (FWS) hours are subject to verification.
2. All FWS opportunities must be approved by Angeles Institute.
3. FWS is at a non-profit organization unless approved by FWS Manager. *Use one form per Agency*.

Date	Activity or Task	Time In	Time Out	Total Hours Worked	Agency Manager or Contact Person's Signature	FWS Hours Confirmed/Verified
Total Hours FWS (Hours and minutes)						

I verify that all information contained on this form is correct: ***Student Signature***: _____