



**St. Joseph's College of Nursing  
Community Service/Volunteer Verification Form**

Student Name: \_\_\_\_\_ SJCON Email: \_\_\_\_\_

**Financial Aid & Scholarship Policy**

**Tasks and activities completed during volunteer service hours, as part of fulfillment of criteria for a scholarship or award received by a St. Joseph's College of Nursing student, must not include any clinical activities since the 'student' is completing volunteer hours as a member of the community and is not in the 'student nurse' role accompanied by a St. Joseph's College of Nursing faculty member.**

Scholarship Awarded: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Date	Tasks Performed	Hours Completed

I attest that I completed the required number of community service hours for the appropriate scholarship I was awarded during my education at St. Joseph's College of Nursing.

Student Signature: \_\_\_\_\_

On-Site Supervisor's Name: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**Instructions**

1. Use one form per organization
2. Do not use abbreviations
3. Please complete the form in its entirety. When recording dates, please include month, day and year.
4. Once you have completed your community service or volunteer work, forward the completed form to [financialaid@sjhcon.edu](mailto:financialaid@sjhcon.edu).

Suggested Volunteer Experiences, but Not Limited To:

[St. Joseph's Volunteer Center](#)

[Food Bank of CNY](#)

[Francis House](#)

[Leukemia Society](#)

[Literacy CNY](#)

[American Red Cross](#)

[Samaritan Center](#)

[Sustainability for Scholarships](#)

[Syracuse Habitat for Humanity](#)

[Rise – Refugee & Immigrant Self-Empowerment](#)

[Ronald McDonald House Charities](#)

[Vera House](#)