



**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

****Students are no longer able to use any volunteer hours completed at St. Joseph's College/Hospital or any St. Joseph's affiliates as the scholarship will be deemed taxable and you would be required to submit a W9 Form. Please seek volunteer hours of service externally.****

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, otherwise, it will be considered incomplete.
4. Once you have completed your community service or volunteer work, forward the completed form to financialaid@sjhcon.edu.

Suggested Volunteer Experiences, but Not Limited To:

[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](#)