

**LAKEVILLE SOUTH CHAPTER OF THE
NATIONAL HONOR SOCIETY
SERVICE HOURS INFORMATION**

- Optional and not required for membership
- Limited to 1 service project that requires more than 6 hours
- Required: signature of supervisor

Name _____ Date start of Project ____/____/____

(check one) NHS SENIOR NHS JUNIOR

(check one) Individual Service Project School Project

Number of service hours from this project = _____ Hours

Briefly describe your service project below:

Printed Name of Supervisor Signature Phone # or e-mail