



Fitz Dixon Memorial Scholarship
University/Community Volunteer Services
(Verification Form to be Completed and Signed by Organization Official)

Student/Employee/Volunteer's Name: _____

Name of Company/Organization/Association: _____

Address: _____
(Street)

(City) (State) (Zip)

Direct Supervisor's Name: _____

Position or Title Held by Applicant: _____

List Date(s) of Service: _____

Briefly Describe the Responsibilities of the student volunteer:

(Print Your Name)

(Signature)

(Position)

(Date)

(This form may be copied for each company/organization/association.)