



HERITAGE CHRISTIAN ACADEMY

8349 Eagle Way Bypass
Hopkinsville, KY 42240
(270) 885-2417
www.HCAHopkinsville.org

Community Service Hours Credit Form

Student Name; _____

Organization/Business/Church Student Provided Service _____

Date of Service _____

Total Hours of Service _____

Describe in detail the service student provided:

I have completed the hours and service and service stated above. The student has completed the stated above. _____ hours

Signature Signature from member of _____ Student
Organization/Business/Church