Community Service Criteria

- “Those services designed to improve the quality of life for community residents (general public), particularly low-income individuals, or solving problems related to their needs.”
  National and Community Service Act of 1990

- Further information at www.financialaid.uc.edu/scholarshipservice

Renewal Requirements

- **3.2 cumulative GPA** at the end of spring term

- Completion and submission of **10 hours of service per quarter of scholarship funding** (to maximum of 30 hours) annually

- **Maximum of 15 on-campus service hours** at a program, project or service open to public and where no one is normally paid to do the service

- Be sure to **sign** your form and make a **copy** before submitting it

- Submit service forms as hours are completed throughout the academic year (encouraged, not required)

- Hours to be completed between September 21, 2011, and June 7, 2012

- Scholarship renewals will occur over the summer and post on award offers by July 31st

Service Opportunities

Center for Community Engagement
www.uc.edu/cce
2639 Clifton Avenue – Stratford Heights
513-556-1559
community.engagement@uc.edu

Service Requirements & Reporting

Scholarship and New Student Financial Aid Center
www.financialaid.uc.edu/scholarshipservice
340 University Pavilion
513-556-2420
513-556-2253 (fax)
cincinnatus@uc.edu

*Requirements for Excellence Scholars and UC Global Scholars as well*
### 2011-2012 Scholarship Community Service Hours Report Form

**Check One:**
- Cincinnatus Scholar
- UC|21 Scholar
- Global Scholar
- Other

**Return Form as hours are completed or by 6/7/2012**

**Scholarship & New Student Financial Aid Center**
**University of Cincinnati**
**PO Box 210125**
**Cincinnati, OH 45221-0125**

**340 University Pavilion**
**513-556-2420**
**513-556-2253 fax**
**cincinnatus@uc.edu**
**www.financialaid.uc.edu/scholarshipservice**

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<table>
<thead>
<tr>
<th>Date</th>
<th>Service Site</th>
<th>Detailed Description of Service and Beneficiary of Service</th>
<th>Hours</th>
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</thead>
<tbody>
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**Agency & Agency Representative**
(please print)
Agency Representative Signature (cannot be a student)
Agency Phone

**I certify that the above information is correct to the best of my abilities.**

**TOTAL HOURS**

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**Student Signature**
**Date**

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**Name (Printed Below):**

**UCID:**

**Phone:**

**E-mail:**

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*Explain in detail the service performed and persons or group benefiting from service.*