

# Park City High School National Honor Society

## Individual Quarter Hours (Minimum 4 hours combined)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email: \_\_\_\_\_ (very important)  
Phone #: \_\_\_\_\_

Date of Service hours: \_\_\_\_\_ Length of Project(s): \_\_\_\_\_

Description of individual service that was given:

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Description of group projects completed:

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Description of fundraiser involvement:

(List what you have done or what you are going to do)

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Student Signature:

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