

In-State Scholarship Recipients

CULTURAL CONTRIBUTION HOURS VERFICATION FORM

For Fall Semester

NOTE:

- a) This form must be completed and returned to the International Programs two weeks before the end of the semester.
b) Log in your paperwork in the Contribution Book in the International Programs; DO NOT just drop off the form.
c) A minimum of 10 contribution hours must be completed.

PLEASE FILL OUT FORM COMPLETELY and PRINT CLEARLY

Name \_\_\_\_\_ Home Country \_\_\_\_\_
Family/Last Name First Name Middle Name

Moorhead Address

Street Apt. # City State Zip Code

Moorhead Telephone Number

( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

Dragon ID # \_\_\_\_\_

Event Date \_\_\_\_\_ Event Name \_\_\_\_\_
Task \_\_\_\_\_
Begin Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Hours \_\_\_\_\_
Supervisor Name \_\_\_\_\_ Telephone \_\_\_\_\_
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_
Programming Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Event Date \_\_\_\_\_ Event Name \_\_\_\_\_
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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_
Programming Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT FORM COMPLETELY and PRINT CLEARLY – Spring Semester Forms**

Name \_\_\_\_\_ Home Country \_\_\_\_\_  
Family/Last Name First Name Middle Name

**Moorhead Address**

Street Apt. # City State Zip Code

**Moorhead Telephone Number**

( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

Dragon ID # \_\_\_\_\_

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Programming coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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