



## APPLICATION FORM FOR THE HUDSON LEAGUE FOR SERVICE VOLUNTEER SERVICE AWARD

Application Deadline: March 1

This application will make you a candidate for the service award offered by The Hudson League for Service. Selections are made primarily on the basis of volunteer service to the community. The information requested is necessary for fair evaluation of all applicants and the scholarship process is confidential. Please make your answers legible (typed applications preferred), complete and specific, limit each of your essays to no more than 300 words; attach additional pages as necessary.

Completed applications and references must be MAILED to Hudson League For Service, P.O. Box 203, Hudson Ohio 44236. Questions can be directed to [hlfsMembers@gmail.com](mailto:hlfsMembers@gmail.com)

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ High School Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Plans for After High School: \_\_\_\_\_

Your signature below gives the Hudson League for Service permission to use your name, photograph and or quotes from your essay for publicity purposes on the Hudson League for Service website as well as in printed and social media.

Applicant's Signature: \_\_\_\_\_

**LIST ANY VOLUNTEER SERVICE IN WHICH YOU HAVE PARTICIPATED  
WHETHER THROUGH YOUR HIGH SCHOOL, CHURCH OR COMMUNITY ORGANIZATIONS**

Please attach two letters of recommendation from the service organizations listed below,  
which specifically reference and verify your participation/contribution to date.

Name of Organization, City, State, including Affiliation (e.g. ABC Group Home, City, State, As part of HHS Service Learning)	Services Rendered	Length of Service To Organization	Name and Phone Number of Adult in Charge
		Date service began: _____ Date service ended: _____ Number of hours served: _____	
		Date service began: _____ Date service ended: _____ Number of hours served: _____	
		Date service began: _____ Date service ended: _____ Number of hours served: _____	
		Date service began: _____ Date service ended: _____ Number of hours served: _____	
		Date service began: _____ Date service ended: _____ Number of hours served: _____	

Parent/Legal Guardian Signature: \_\_\_\_\_

Total Number of Service Hours \_\_\_\_\_

Why is it important to volunteer?

Tell us about a situation where you felt your volunteering made a difference.