



Los Padres Foundation
www.lospadresfoundation.com

P.O. Box 305 | Nassau, DE 19969
T: 800-528-4105 | 302-644-1124
lpfadmin@lospadresfoundation.com

Date: _____

TO: Supervisor
FROM: Lillian Rios–President
RE: Certification–Community Service

(Print student’s name) _____ is the recipient of one of our tuition assistance stipends. One of the requirements to receive this Stipend is that the student must complete a total of 100 hours of volunteer community service.

We would appreciate your completing the information below and providing on your organization’s letterhead (1) a brief description of your organization and (2) the specific work the student did with your organization. If you have any questions. Please contact Los Padres Foundation. **The student must have this form on file with us by JUNE 30.** Thank you for your cooperation.

This form with your statement may be faxed, e-mailed, or mailed to the address below:

**Los Padres Foundation
ATTN: Community Service Certification Form
P.O. Box 305
Nassau, DE 19969**

I certify that (Student’s name) _____

Volunteered _____ (hours) of community service with your organization.

Organization: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Supervisor’s Name (print): _____

Supervisor’s Signature: _____ Date: _____