

CHRISTIAN STEWARDSHIP PROGRAM

- Directions: 1. Complete this form BEFORE you do stewardship hours. The *exception* would be summer hours which still may not be approved if they do not meet other necessary requirements.
2. Complete a new form for each location where you expect to do stewardship hours.
3. Have the person that is supervising your stewardship hours complete this form only when hours are complete.
4. Give the completed form to the Assistant Dean.
- [* For further information regarding the Christian Stewardship Program consult your Student Handbook, pp 7-8. #5.]

Complete the following *before* doing your stewardship hours:

MUST BE COMPLETED IN BLUE OR BLACK INK. PLEASE TYPE or PRINT INFORMATION REQUIRED

Your Name:		Grade circle one: 9 10 11 12	Date / / 20__
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Category of Stewardship Hours: <u>check one</u>	Corporal Works of Mercy:		<u>or</u>		Other:	
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If Corporal Works of Mercy, which one:	<i>Feed the Hungry</i>		<i>Give Drink to the Thirsty</i>	<i>Clothe the Naked</i>	<i>Shelter the Homeless</i>
	<i>Visit the Sick</i>		<i>Visit the Imprisoned</i>	<i>Bury the Dead</i>	

Place where Stewardship Hours were earned:						
Address of NON-PROFIT Organization:						
	City		Zip		Phone #	

Name of person supervising:	
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Explain what you will be doing to earn the stewardship hours: (Type or Print)

Student Signature		Parent/Guardian Signature	
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<u>Date</u>	<u>Actual Work Done</u>	<u># of hours</u>

Total Hours: _____

Supervisor Signature		Date Supervisor Approved	/ / 20__
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