



**2024-2025 Paul E. 'Truck' Tremain Memorial Scholarship Program
Service Learning Project Information & Report Form
dearborncf.org**

The following information is required as part of the program. Incomplete forms or forms for unapproved activities will NOT BE ACCEPTED. Report Forms MUST be submitted to the Foundation within 90 days of each date of service.

Student Name: _____ LHS graduation year: _____

Address: _____

City: _____ STATE _____ ZIP _____

Home #: (____) _____ Cell #: (____) _____ email: _____

****PLEASE USE PERSONAL AND NOT LHS STUDENT EMAIL****

IN ADDITION, THE BACK OF THIS FORM MUST BE SIGNED BY THE STUDENT, AND COMPLETED AND SIGNED BY AUTHORIZED REPRESENTATIVE (AR).

Effective July 2004, the Lawrenceburg Educational Grant Program required a Service Learning component enhancing the students' education by allowing them to give something back to their community and to learn from the experiences. The program was renamed the Paul E. 'Truck' Tremain Memorial Scholarship in late 2012, in tribute to former Mayor the late Paul E. Tremain Sr., who was instrumental in establishing the scholarship program.

Lawrenceburg High School students are required to perform a minimum of 50 hours of approved community service, by a predetermined date in their Senior year, in order to be eligible to participate in the Tremain Scholarship Program. Approved activities are listed in the Approved Service Organizations & Activities Handbook (The Handbook) on the Dearborn Community Foundation (DCF) website: dearborncf.org.

- **Volunteer activities are reviewed and approved by DCF based on whether or not the activity provides a benefit to the LAWRENCEBURG AND/OR DEARBORN COUNTY COMMUNITIES.**
 - **Any volunteer activity not listed in the Handbook must first be approved by contacting DCF prior to participating in the activity. Any volunteer report forms received for non-approved organizations/activities will not be accepted.**
- **Both sides of the Service Learning Report form for each volunteer activity must be completed (see reverse-side of this page for remainder of form).**
 - Report forms are available at the DCF office 322 Walnut St., Lawrenceburg, or by visiting the DCF website at dearborncf.org.
 - Completed forms **MUST** include a signature from the organization's Authorized Representative (AR) who oversaw the volunteer activity. **No student OR relative can sign as an AR.**
 - Student must complete and attach a narrative addressing each of the questions asked on the back of this form.
 - Incomplete forms or forms for unapproved organizations and/or activities will not be accepted.
 - **Report forms **MUST** be received by the Foundation within 90 days of each date of service to receive credit for the services performed.**
- **It is strongly recommended that students keep a record of their community service hours.**
- **SENIOR STUDENTS** - Hours completed after 4 p.m. **Monday, June 9, 2025**, and/or Service Learning Report forms received by DCF after 4 p.m. **Monday, June 9, 2025**, will **not** be considered. **It is the Senior student's responsibility to make sure the appropriate number of hours have been completed and that his/her Service Learning Report forms are on file in the DCF office by 4 p.m. Monday, June 9, 2025. No extension will be given to Seniors for hours submitted near the deadline, and not approved.**

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In **3-5 sentences** for each question, the student must answer the following on a separate sheet and attach it to this form:

1. What work did you do for this organization?
2. What did you learn from this experience?
3. Would you be willing to volunteer with this organization again? Why or why not?

THIS SECTION TO BE FILLED OUT BY AUTHORIZED REPRESENTATIVE FROM ORGANIZATION. NOT BY THE STUDENT. PLEASE DO NOT USE PENCIL WHEN COMPLETING FORM.

Student Name: _____

Name of Organization: _____ Phone # _____

Printed name of

Authorized Representative: _____ Title: _____

List the individual dates and individual number of hours rounded off to the nearest quarter hour, and description of activity. (PLEASE DO NOT INCLUDE MORE THAN ONE ORGANIZATION PER FORM.)

DATE OF SERVICE # OF HOURS DESCRIPTION OF ACTIVITY PERFORMED

TOTAL HOURS: _____

(Forms will not be accepted where the hours are scratched out or have White-Out/Correction fluid).

I certify that the above student did perform the stated activities and hours on the dates listed above.

Signature of Authorized Representative of organization/activity.

Date Signed

(A student, parent or other family member's signature is not acceptable as an Authorized Representative).

STUDENT CHECKLIST

- ☐ Any organization and activity on this form has been approved by DCF.
- ☐ Hours are within 90 days of each date of service listed on form.
- ☐ Form is completed and signed by Authorized Representative of Organization and student.
- ☐ Questions are answered on a separate sheet of paper attached to this form.
- ☐ Student has made a signed copy of this form for their records.

I certify that I did perform the stated activities and hours listed above and have attached answers to the questions listed above.

Signature of Student

Date Signed

**PLEASE SUBMIT COMPLETED FORM AND ATTACHED ANSWERS TO QUESTIONS TO:
DEARBORN COMMUNITY FOUNDATION, INC.
322 Walnut St., Lawrenceburg, IN 47025
Questions? Call (812) 539-4115**

6/18/2024