



SERVICE SEAL OF DISTINCTION INDIVIDUAL STUDENT APPROVAL FORM

Certification by EGSC Employee:

Name of Student _____ Date _____

Event _____ Total Service Hours _____

Description of Services Activities _____

Name of Employee _____

Signature of Employee _____

Service Seal of Distinction Committee Approval:

Name of Committee Member _____

Signature of Committee Member _____

Date _____

Recorded by _____

Signature of Service Recorder _____

DATE _____