## Recognition Cord





Turn in this completed application and required documents to the Counseling Center by March 28, 2025. It is the student's responsibility to have their completed application approved and signed by the appropriate teacher.

Late or incomplete applications will NOT be considered.

| Student's Name:   |  |
|---|--|
|   |  |
| Students applying for the recognition cord  | for Service must meet the following requirements:  |
| • Complete 40 hours of school service service must be verified by a supervise                   | through any Herriman High sponsored service activity- all or's signature   |
|   | ervice through a community organization (service to family nust be verified by the community organization supervisor |
| • Use the Service Record on the back signatures   | to record your service hours and required supervisor   |
| Counselor Approval  |  |
| You   | r assigned counselor   |
|   |  |
|   |  |
| It is your responsibility to obtain the approp<br>be considered if there are not dependable sig | riate signatures for verification. Applications will not gnatures.   |
|   |  |
|   |  |
|   |  |
| Date Received by Counseling Center  | Revised 9/16/24<br>Note  |
|   |  |

## Recognition Cord

## Service Award Application



Turn in this completed application and required documents to the Counseling Center by March 28, 2025. It is the student's responsibility to have their completed application approved and signed by the appropriate teacher.

Late or incomplete applications will NOT be considered.

| Herriman High Se          | rvice Hours                  | Service I                | Record                       |                           |                 |
|---------------------------|------------------------------|--------------------------|------------------------------|---------------------------|-----------------|
| HHS Organization          | Type of Service<br>Performed | Location<br>&<br>Phone # | Supervisor's<br>Name & Title | Supervisor's<br>Signature | Number of Hours |
|                           |                              | H &                      |                              |                           |                 |
|                           |                              | 4                        |                              |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           |                              |                          | -3                           |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           | 0                            |                          |                              |                           |                 |
|                           |                              | Total Ser                | rvice Hours at Herri         | man High School=          |                 |
| Community Serv            | ice Hours                    |                          |                              |                           | •               |
| Community<br>Organization | Type of Service<br>Performed | Location<br>&<br>Phone # | Supervisor's<br>Name & Title | Supervisor's<br>Signature | Number of Hours |
|                           |                              |                          |                              |                           |                 |
|                           | Q.                           | MASI                     | amas                         |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           |                              |                          |                              |                           |                 |
|                           |                              |                          | Total Communi                | ty Service Hours =        |                 |

| Date Received by Coun | seling Center |      | Revised 9/16/24                       |
|-----------------------|---------------|------|---------------------------------------|
| Award: approved       | /denied       | Note | · · · · · · · · · · · · · · · · · · · |