

To incorporate the values of servant leadership exemplified by our founder, Princess Bernice Pauahi Bishop, Pauahi Foundation requires all college scholarship recipients to provide community service as part of the scholarship disbursement criteria. Recipients of select scholarships must perform community service from July 1, 2024 through June 30, 2025. For more information, visit the College Scholarships Application Portal website at [www.pauahi.org/scholarship-awardee-kuleana](http://www.pauahi.org/scholarship-awardee-kuleana)

**Community service must meet the following criteria:**

- Performed through a non-profit organization
- Is unpaid
- Does not benefit Pauahi Foundation's programs
- Does not benefit political campaigns, programs, or parties
- Required internship or practicum hours will not be accepted. However, hours in excess of the internship and practicum requirement may be reported as community service as long as the activities meet all other guideline criteria.

Note: Students are encouraged to perform service within their own community for an organization that benefits a Native Hawaiian, indigenous, or underserved population.

**Instructions to a complete Community Service Report form:**

- **Complete All Fields:** Ensure that every field on the form is filled out.
- **Separate Forms for Each Organization/Work Site:** Use a different Community Service Report form for each community service organization or work site.
- **Specify Details:**
  - Individual Dates: Record the specific dates of community service performed (MM/DD/YY). Date ranges or periods are not acceptable.
  - **Service Hours:** Report the number of community service hours performed in whole or quarter-hour increments (e.g., 6.25 hours = 6 hours and 15 minutes; 7.50 hours = 7 hours and 30 minutes; 8.75 hours = 8 hours and 45 minutes).
- **Work Description:** Provide a brief description of the work or services you performed (e.g. working in lo'i, feeding the homeless, tutoring children).
- **Signature and Date:** Sign and date the form after completing the final date of community service.

**EXAMPLE of tracking Community Service hours:**

Date (MM/DD/Y Y)	No. of Hours	DESCRIPTION OF COMMUNITY SERVICE PERFORMED
11/26/18	8.00	Cleaned the ocean and beach of invasive species of ogo. Farmers will use the ogo for compost.
06/30/19	2.75	Updated database with volunteer names, etc. and number of hours performed for organization.
Total Hours	10.75	

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
Please PRINT  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL \_\_\_\_\_

Academic Year (AY) Reporting For: ☐ AY 2024-2025 (07/01/24 - 06/30/25)

Name of Organization: \_\_\_\_\_  
(Note: If applicable, provide the name of the school and the organization where you completed your service.)

Organization Type: ☐ For-Profit | ☐ Non-Profit | ☐ Other

Community Service Type:

☐ Administrative Support ☐ Educational Activities ☐ Environmental Activities ☐ Hawaiian Cultural Activities  
☐ Health & Social Services Activities ☐ Religious Affiliation ☐ Sports and Recreation  
☐ Other: \_\_\_\_\_

Organization Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Supervisor: First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Note: This person must not be a member of your immediate family.)

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

\*List EACH date of activity performed. Date ranges are NOT acceptable. Attach additional timesheets, if necessary.

Date (MM/DD/YY)	No. of Hours	Description of activity completed (i.e. cleaned the loi; fed food to senior citizens, etc.)
TOTAL HOURS		

## **REFLECTION STATEMENT**

**What did you gain through your community service experience?** (Select all that apply)

- ☐ Broadened cultural and spiritual knowledge   ☐ Career insight/experience   ☐ Increased personal and academic skillset  
☐ Leadership/Networking opportunities   ☐ Sense of fulfillment from helping others

## **STUDENT CERTIFICATION**

I certify that this is an accurate and true record of the Ho'oulu Kaiāulu Community Service Report and that I performed the declared service hours. I understand that any false statement may jeopardize my eligibility to receive future funding and I may be responsible to repay funds already disbursed to me.

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Student's Signature

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Date (MM/DD/YYYY)

**COMPLETE AND SUBMIT THIS FORM TO:**

**College Scholarships**  
567 South King Street, Suite 102 | Honolulu, HI 96813  
*e-mail.* [scholarships@pauahi.org](mailto:scholarships@pauahi.org)  
*tel.* (808) 534-8080 or 1-800-842-4682, press 3  
*fax:* (808) 523-6286