



Kiwaniis[®]

CLUB OF CLERMONT FOUNDATION

KEY CLUB SERVICE HOURS FORM

Name of Applicant: _____
Last First MI

Number of Key Club service hours recorded this school year: _____

Faculty Advisor's recommendations or concerns:

Faculty Advisor Name & Signature

Date

Kiwaniis Club Advisor's recommendations or concerns:

Kiwaniis Advisor Name & Signature

Date