



Kiwanis®

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 _____

Kiwanis Club Advisor's recommendations or concerns:

Kiwanis Advisor Name & Signature _____ Date _____