**LEBANESE AMERICAN UNIVERSITY**

**USAID – HIGHER EDUCATION SCHOLARSHIP PROGRAM**

**HES - Volunteering Program Verification Form**

This form is to be used to document volunteering hours. If a student volunteers for multiple organizations, a separate form must be used for each organization. **This form must be turned in by the 28th of each month, the latest.**

I certify that the scholar Farah Ghazzawi completed a total of 1 hours of service at Life Sculptor.

The hours were completed hours as per the below:

Hours # 0 (date) \_30/09 – 5/10\_ (initials of supervisor) \_\_A.K.\_\_\_

Hours # 0 (date) \_7/10 – 11/10\_ (initials of supervisor) \_\_A.K.\_\_\_

Hours # 0 date) \_14/10 – 18/10 (initials of supervisor) \_\_A.K.\_\_\_

Hours # 1 date) \_21/10 -25/10 (initials of supervisor) \_\_A.K.\_\_\_

Brief description of the activities the scholar performed or participated in:

Developing 10 workshop ideas on mental health

Written feedback about the scholar’s performance:

Farah demonstrated creativity and initiative by developing workshop ideas on mental health, reflecting her ability to think critically about important issues.

Please rate the overall performance of the scholar at your organization:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mastery (5) | Proficient (3) | Emerging (1) |
| **Problem solver** | X |  |  |
| **Engaged & Committed** | X |  |  |
| **Open-minded & multicultural** | X |  |  |

Signature

& stamp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name \_Andrew El Kahwaji\_

Date \_\_26/10/2024\_\_\_

Email \_\_andrew.lifesculptor.coo@gmail.com \_\_

Phone \_\_+961 71 914 378\_\_

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