**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 Gaelle Younes completed a total of 1 hours of service at Life Sculptor.

The hours were completed hours as per the below:

Hours # 1 (date) \_02/09 - 06/09\_ (initials of supervisor) \_\_A.K.\_\_\_

Hours # 0 (date) \_09/09 – 13/09\_ (initials of supervisor) \_\_A.K.\_\_\_

Hours # 0 date) \_16/09 – 20/09 (initials of supervisor) \_\_A.K.\_\_\_

Hours # 0 date) \_23/09 – 27/09 (initials of supervisor) \_\_A.K.\_\_\_

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

Gaelle has conducted a research on How to deal with people with disabilities: asking for permission

Written feedback about the scholar’s performance:

Gaelle work contributes significantly to our efforts in promoting better practices and awareness in this important area.

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

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

\_



Printed Name \_Andrew El Kahwaji\_

Date \_\_25/09/2024\_\_\_

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

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

**LEBANESE AMERICAN UNIVERSITY**

**USAID – HIGHER EDUCATION SCHOLARSHIP PROGRAM**

