Paterno Fellows Leadership or Service Documentation Form

If you meet your 50 hours minimum requirement with several experiences, use a separate form for each.

To be completed by Paterno Fellows Candidate

Student’s name ___________________________________________________  PSU Email _______________________
Leadership or Service Experience: _____________________________________________________________________
Start and end dates ________________________________________________  Total hours ______________________
Specifically describe the duties performed in this experience, and list the approximate hours dedicated to each duty:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Student’s signature ________________________________________________  Date ___________________________

To be completed by Supervisor or Club Officer

Please review the information provided on this form, confirming with your signature the information reported by our student. Additional comments are welcome in the space below. For information about the Paterno Fellows Program, please go to: http://laus.la.psu.edu/current-students/paterno-fellows

Supervisor’s name _________________________________________________  Email ___________________________
Title ____________________________________________________________  Phone __________________________
Company or Organization: ___________________________________________________________________________
Comments: _______________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Supervisor’s signature ______________________________________________  Date ___________________________

Return this completed form to Barb Edwards:
by mail or in person  Paterno Fellows Program
The Pennsylvania State University
103 Sparks Building
University Park, PA 16802
by email  bae1@psu.edu
Questions?  814-863-4395
by fax  814-865-3641