

### *Student Corps Quarterly Reports*

Each chapter must fill out quarterly reports four times a year before March 31, June 30, September 30, and December 31. Please fill in the following information accurately and send it to [studentcorps.org@gmail.com](mailto:studentcorps.org@gmail.com) when finished.

**Board Member Information** \*Please update this information as necessary.

| Position Title | Name | Grade | Email | Phone |
|----------------|------|-------|-------|-------|
| President      |      |       |       |       |
| Treasurer      |      |       |       |       |
| Secretary      |      |       |       |       |
| Advisor        |      |       |       |       |
|                |      |       |       |       |
|                |      |       |       |       |

\*If you have any other positions besides those required, please fill in the remaining boxes above accordingly.

**Member Information (include Board Members if necessary)**

| Member Name | Award | # of hours | Member Name | Award | # of hours |
|-------------|-------|------------|-------------|-------|------------|
|             |       |            |             |       |            |
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|             |       |            |             |       |            |

\* Only fill out the “award” and “# of hours” columns in the September 30 quarterly report

**Events Coordinated** (Local and National)

| <u>Event Name</u> | <u>Date</u><br>(MM/DD/YY) | <u>Time (AM/PM)</u> | <u>Event Description</u> | <u>National Event?</u><br>(Y/N) |
|-------------------|---------------------------|---------------------|--------------------------|---------------------------------|
|                   |                           |                     |                          |                                 |
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|                   |                           |                     |                          |                                 |

\*By the September 30 quarterly report, you should have three national events coordinated.

Were any of these events particularly interesting, inspiring, or life-changing? If so, please write a short explanation below, so we can feature it on our website.

Board Members and Advisor: Please sign and date below to assure that all information in this report is accurate. Thank you.

President: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Other Board Members: \_\_\_\_\_ Date: \_\_\_\_\_