APPLICATION FOR PVSA (President Volunteer Service Award)
Email To: pvsa@capamc.org or Mail To: CAPA-MC (PVSA) 12774 Wisteria Drive, #115 Germantown, MD 20875
you have difficulty printing this form, please email us and we'll mail a hard copy to you!

Applicant (Last Name,	First Name, Middle Nan	ne) School and	d Grade	Email Address					
Mailing Address									
Date of Birth		Phone Numb	er A	Are you a US citizen or permanent resident? Yes / No If no, please stop.					
Is one of your family m	ember a CAPA MC mer								
	our family member at w ember's name and emai			-					
How many volunteer hours you claim for PVSA from April 1, 2023, to March 31, 2024?									
Please provide the list of volunteer hours you served. Please submit SSL forms AND School SSL Log to support the hours claimed.									
Start Date to End Date	Location	SSL Hour Issued By	Activity (Brief Description)	Hours	Was the hour(s) previously claimed for the PVSA (Y/N)				
If you need more space, please use additional paper to attach.									
By signing below, I certify all information is true and correct to the best of my knowledge.									
Signature of Applicant			Date Signed						

Start Date to End Date	Location	SSL Hour Issued By	Activity (Brief Description)	Hours	Was the hour(s) previously claimed for the PVSA (Y/N)