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 Name)		me) School and	d Grade Er	Email Address		
Mailing Address						
Date of Birth	Date of Birth			Are you a US citizen or permanent resident? Yes / No If no, please stop.		
-	nember a CAPA MC me nember's name and ema					
	=		e requirement to apply t		-	
How many volunteer h	ours you claim for PVS	6A from April 1, 2024, t	o March 31, 2025?			
20% of your total	volunteer service h	nours or at least 2		hours sho	/SA application, at least uld be earned from	
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 s	space, please use	additional paper to	o attach.			
support the hours	claimed. An incor	nplete application	will be considered	INVALID.	O School SSL Log to	
Documents Check 1. Applicatio		SSL Forms	3. School SSL Log			
SSL forms and Sc the SSL form is is		ST support the vo	lunteer service hou	rs listed in	the application form unless	
By signing below,	I certify all inform	ation is true and c	correct to the best o	of my know	ledge.	
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)