



**UCAN Serve AmeriCorps Program
SCHOLARSHIP SUMMARY REPORT**

(to be completed within 30 days of the Member receiving a UCAN Serve AmeriCorps Program Scholarship)

NAME: _____

SCHOOL: _____

NAME OF EVENT: _____

EVENT START DATE: _____ **EVENT END DATE:** _____

Knowledge and Skills gained by attending this Event: _____

How the Member will use these skills during his/her UCAN Serve AmeriCorps Term of Service: _____

**Please mail report to:
UCAN Serve AmeriCorps Program
Colorado Campus Compact, B-7
Regis University
3333 Regis Blvd., Main Hall 312
Denver, CO 80221**