

## Acker Scholar Workshop Verification Form

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_

Person #: \_\_\_\_\_ Minor: \_\_\_\_\_

Students selected for the Daniel Acker Scholars Program are required to participate in a minimum of 2 workshops per year.

Please provide the name of the workshop along with a brief description of the workshop. Make sure to record the information below and provide the contact information of the person who facilitated the workshop. Please make sure to have the contact person sign the bottom of this form in order to verify your workshop participation.

Name of Workshop	Day / Date

Event Description:

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Workshop Organization Contact information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this form below, I verify that the above named student has participated in a volunteer / community service activity with our organization.

Signature: \_\_\_\_\_

Please return this form in a sealed envelope to:  
Graduate Assistant, Daniel Acker Scholars Program  
Cora P. Maloney College  
University at Buffalo  
255 Capen Hall  
Buffalo, NY 14260  
Phone: (716) 645-7301; Fax: (716) 645-6027



**Community Service and Workshops will be documented on the Daniel Acker UBLearns Grade Book within 2 business days of submission (except during vacation and holiday periods)**