



TIME SHEET

HIDDEN PROMISE SCHOLARS

Mentor Program

200 High Street
 Glenville, WV 26351
 304.462.4110
 304.462.7610 Fax

HPS Mentor Name: _____

HPS Mentor ID Number: _____

HPS Assigned County: _____

Date:	HPS Call(s)/E-mail/Event/Other (specify):	Total Hours:
Summary:		

Date:	HPS Call(s)/E-mail/Event/Other (specify):	Total Hours:
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Summary:		

TOTAL MONTHLY CONTACTS WITH HPS:	TOTAL MONTHLY HOURS:
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MENTOR SIGNATURE:	DATE:
HPS MENTOR COORDINATOR SIGNATURE:	DATE:

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