

Georgia Student Service Awards (GSSA) Service Log

Student Name: _____

School: _____

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#	Completed Activity	Actual # of Hours	Completion Date	Location and Phone Number	Supervisor's Printed Name and Signature	Parent Signature <small>(If student is under 18 years)</small>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL						

For additional information on the requirements of the GSSA, please go to <https://www.dca.ga.gov/ServiceAwards>