



HEADQUARTERS
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MISSOURI MILITARY ACADEMY

Community Service
204 North Grand Avenue
MEXICO, MISSOURI 65265, USA

MISSOURI MILITARY ACADEMY PERSONNEL,

This is to certify that Cadet _____
has volunteered _____ hours of community service under my supervision in
_____ (city) _____ (state/country)
on/thru _____ (time period). His specific duties/actions
were:

_____ Name

_____ Title

Please complete this form and attach your business card or letterhead. Return it to the cadet for submission to his MMA advisor. Thank you for your time and your assistance to this young man.