## **Community Service Project Proposal**

Approval is required prior to beginning project!

USE THIS FORM AS YOUR COVER LETTER FOR BOTH PROJECT PROPOSAL AND REFLECTION PAPER.

	School Year
Student's Name	
FORMAT-	TYPED FONT: NEW TIMES ROMAN SIZE: 12
HEADER ON EACH PA	<u>GE:</u> NAME (LAST, FIRST) ID #
DO FIRST:	Answer the following questions and submit the completed form to your counselor.
	PROJECT PROPOSAL - PAGE I
QUESTION 1:	Describe your Community Service Project.  Explain why you chose this project.
QUESTION 2:	Who or what will benefit from your project? What do you hope to accomplish as a result?
 Counselor's Signature	Date
Parent's Signature	Date
Student Signature	Date
<mark>DO SECOND:</mark> Upon c	ompletion of your project, complete the following. Use FORMAT stated above.
	COMMUNITY SERVICE REFLECTION PAPER - PAGE II
Location:	Date Completed:
QUESTION 1: Descr	ibe your Community Service experience and the impact it had on you and the community.