



# Independent Service Learning Project Proposal

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

Grade: 9<sup>th</sup> / 10<sup>th</sup> / 11<sup>th</sup> / 12<sup>th</sup>

Agency where you will be participating in Service Learning opportunities:

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## Contact Person

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Days and Times, you will be serving: \_\_\_\_\_

## Description of projects/activities you will be helping with:

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Student Signature

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Contact Person Signature

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Date

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Date

\*\*\* Contact person will be responsible for signing off on your hours and will occasionally be contacted to see how your Service projects/activities are going\*\*\*