



**Senior Service Project Proposal Form**

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

Date: \_\_\_\_\_

**Proposal:**

Who or where will you be serving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information for person or agency:

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

Phone: \_\_\_\_\_

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

\_\_\_\_\_

Have you contacted the person or agency: Yes No

What will you be doing (please be specific):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Estimated number of hours: \_\_\_\_\_ (*minimum requirement is 20 hours*)

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Signature of supervising teacher (Mr. Scholma): \_\_\_\_\_

*Please turn in your service project proposal to Mr. Scholma in person or by email ([mrscholma@wmchs.net](mailto:mrscholma@wmchs.net)) no later than the end of the first semester.*