

PROJECT PROPOSAL AND APPLICATION

Name _____ Homeroom _____

Homeroom Teacher _____ Date _____

Project Title _____ Graduation Year _____

Please attach a word processed proposal in paragraph form that includes the following information.

1. What is the goal of your project?
2. Why did you select this project?
3. If doing a Community Service Project what non-profit group will benefit from this project?
4. How will you go about completing this project?
5. What resources and material will you use to complete this project?
6. What do you hope to learn from the time spent on this project?
7. If doing an LCTI Project, how has your time spent at LCTI prepared you for a career.

Student Signature _____ Date _____

Homeroom Teacher Signature _____ Date _____

Community Service Hours Verification

Please list below the name and contact phone numbers of the Adult verifying your Community Service Hours. *Note: Parents cannot verify hours.*

Name _____

Work Phone _____ Home Phone _____