

PROJECT PROPOSAL AND APPLICATION

Name_____ Homeroom_____

Advisor_____ Date_____

Project Title_____ Graduation Year_____

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

What is the goal of your project?

Why did you select this project?

If doing a Community Service Project what non-profit group will benefit from this project?

How will you go about completing this project?

What resources and material will you use to complete this project?

What do you hope to learn from the time spent on this project?

If doing an LCTI Project, how has your time spent at LCTI prepared you for a career.

Student Signature_____ Date_____

Advisor 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_____