

Academic Service Learning- Project Proposal

Teacher: _____

Date: _____ Building: _____ Grade Level: _____

Principal's Signature: _____

Building Representative Signature: _____

1. Project Description:

2. Timeline:

3. Community Partners:

4. Will you be applying for a mini-grant? Yes: _____ No: _____

5. Additional Comments:

Approved: Yes: _____ No: _____

Service Learning Coordinator Signature: _____

Comments/ Suggestions:

Please return to your building representative.