

IMPACT Proposal Form 2009-2010

Please legibly complete this form and place it in the Proposal Return folder on the IMPACT board by the deadline. Thank you.

Student Name _____ Grade _____ Date Submitted _____ Phone # _____

Parent Name(s) _____ Email _____

1. State the proposed title for this service project: _____

2. Please describe the service you propose to provide and the target audience.

3. Where will this service be performed?

Approval Signature

Student Signature

Please make a copy to keep for your records.