



Williamsburg-James City County Schools High School Honors Program

Proposal for Community Service Project

This page is the cover for your proposal.

Student's Name _____ School _____ Counselor _____ Class of 20 _____

Project Title: _____

Time frame for community service hours (approximate beginning and ending dates and hours per week):

Start date _____ Completion date _____ Hours per week _____

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Organization/site where community service will be completed: _____

Contact person _____ Contact's phone number: _____

Mailing address: _____

Signature of organization contact person: _____

Email of contact person _____

Please type your proposal description on a separate sheet of paper. Attach your proposal to this sheet.

Brief description of project:

Please explain:

- What do you plan to do?
- Why did you select this project?
- How does your project impact the local or another community?
- How will this project illustrate an extended commitment on your part?

Approval of proposal:

Date submitted _____ Approved _____ Conditional approval _____ Not approved _____

Authorized Committee Signature: _____ Date _____

Feedback: