

REQUEST FOR APPROVAL OF A PROJECT NOT LISTED IN THE PRE-APPROVED ORGANIZATIONS' LIST

NAME OF STUDENT _____ GRADE _____

THEOLOGY PERIOD AND TEACHER _____

DATE THIS FORM TURNED IN _____

DESCRIPTION OF PROJECT

NAME OF THE AGENCY YOU CHOSE _____

WHAT IS THE DISADVANTAGED GROUP?

WHO WOULD SUPERVISE YOU? _____

SUPERVISOR'S TELEPHONE NUMBER _____

SUPERVISOR'S EMAIL _____

PARENT NAME AND SIGNATURE _____

APPROVED _____ DATE _____

DECLINED _____ REASONS _____

Director of Christian Service