

**JOSE MARTI MAST 6-12 ACADEMY HIGH SCHOOL
COMMUNITY SERVICE PROJECT PROPOSAL**

Project Starting Date _____ Anticipated Graduation Year _____
Student Name _____ Grade _____ ID# _____ Date _____
Which diploma/scholarship are you pursuing? Regular _____ Florida Academic Scholar _____
Superintendent's Diploma of Distinction _____
Name of Project _____

In your own words, describe your project in detail. Please type or print neatly.

Why is this project needed? For whom will it be valuable?

What do you hope to accomplish as a result of your work?

I have reviewed and approve this community service proposal and understand that a community service project must be completed in order to meet the graduation requirements for Dade County Public Schools.

Student Signature

Date

Parent Signature

Date

For School Use Only:

I have reviewed this student's service project proposal.

_____ **Approved** _____ **Disapproved**

Authorized School Official Who Originally Approved the Project

Date

Project Supervisor Signature/Organization/Organization Address

Phone

Date

Print Name

NOTE: KEEP COPY OF THIS COMPLETED FORM. AT PROJECT'S CONCLUSION, A COPY OF THE PROPOSAL, LOG, AND SUMMARY REPORT MUST BE SUBMITTED.

