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

Project Starting Date Anticipated Graduation Year			ear
Student Name Which diploma/scholarship are your pursuing? Regular	Grade	ID# Dat	te
Which diploma/scholarship are your pursuing? Regular		Florida Academic Scho	olar
Superintendent's Diploma of Distinction			
Name of Project			
In your own words, describe your project in detail. Please typ	e or print neat	ly.	
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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 proposa	l and understa	nd that a community service proje	ect must be completed in
order to meet the graduation requirements for Dade County P	ublic Schools.		
Student Signature		Data	
Student Signature		Date	
Parent Signature		Date	
For School Use Only:			
I have reviewed this student's service project proposal.			
Approved Disap	proved		
	proveu		
Authorized School Official Who Originally Approved the	Project	Date	
Project Supervisor Signature/Organization/Organization	Address	Phone	Date
110ject Supervisor Signature/Organization/Organization	Auuless	1 none	Dale
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.

JOSE MARTI MAST 6-12 ACADEMY HIGH SCHOOL COMMUNITY SERVICE ACTIVITY LOG

All students must use the Activity Log form to record their community service activities. Use additional sheets, as needed.

Date	Community Service Activities	Project Supervisor's Signature	Hours Completed
Parent/Guardian Signature Print Name Authorized School Official		Total Project I	Hours
Student Signature	Print Name	1 	ID#

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