

National Honor Society



Senior Service Project Proposal Form

You must turn in this completed form at your scheduled project proposal meeting. If you are working in a group, all members are required to be present at the meeting.

Name(s) of NHS member(s) completing project (max. 4):

Description of Service Project (if working in a group, explain the roles of each member):

Project Goal(s):

Approximate Start Date: _____ End Date: _____

Information on contact person (adult sponsor) of this project:

Name: _____

Phone: _____

Email: _____

Student Signature: _____

Parent/Guardian Signature: _____