Graduation Project Proposal

NAME:_____

PHONE NUMBER:_____**EMAIL:**_____

NAMES OF POTENTIAL PARTNERS:_____

GRADE AND SCHOOL:_____

DATE OF SUBMISSION:_____

PROPOSED PROJECT OR EVENT DATE:_____

Project Proposal: _____

Brief Description:_____

_____
_____
_____
_____
_____
_____

Activities:_____
_____
_____
_____

Desired number of volunteers:_____

Intended Outcomes:_____

_____
_____
_____

Proposed Budget:_____