



**Service Learning
2021 - 2022
Fouke High School**

Student Name (PRINT): _____ Grade: _____

Project Title: _____

Location of Activity: _____

Date of Activity: _____

Sponsor Signature: _____

Please explain in detail the SERVICE you provided to the community.
Include WHO it benefited in the community and HOW it benefited them.
(Hours will NOT be approved if this section is not completed to satisfaction.)

Student Signature: _____

* Documentation must be turned in no later than 3 weeks after the date of the project.
Return to MRS. TWEEDY.