



Service Learning
2017-2018
Fouke High School

Hours Earned: _____

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.