

MOUNT SAINT MARY ACADEMY

SENIOR SUMMER PROJECT

2010

Type or print information and obtain all required signatures.

These must be completed entirely for the Project to be considered for final approval.

Senior's Name: _____ School Counselor: _____

Phone Number: cell: _____ home: _____

Name of Sponsor: _____ Business Phone: _____

Name of Business/Community Organization: _____

Street Address of Business: _____

City: _____ State: _____ Zip Code: _____ Specific Locale: _____

TITLE OF PROJECT: _____

Reason for Choosing this Business/Comm. Org. (in paragraph form):

Statement of Goals and Objectives:

Academic/Service/Career Goals: 1.

2.

Personal Goals: 1.

2.

Senior will be at this Project: Dates: _____

Time Schedule for Project:

(Please fill out specific times for each day as appropriate, even if each day is the same)

Monday: _____ am/pm to _____ am/pm.

Tuesday: _____ am/pm to _____ am/pm.

Wednesday: _____ am/pm to _____ am/pm.

Thursday: _____ am/pm to _____ am/pm.

Friday: _____ am/pm to _____ am/pm.

Saturday: _____ am/pm to _____ am/pm.

Sunday: _____ am/pm to _____ am/pm.

To Be Completed by Sponsor:

Please write a brief description of the duties and responsibilities the student will assume during this project.

Sponsor's Signature: _____ Date: _____

Sponsor's Printed Name: _____

To Be Completed by School Counselor:

Please make sure this sheet is complete (including signatures below) and the questions on the opposite side have been answered satisfactorily.

Check Number:
