

Service Learning  
2021-2022  
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.)

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Student Signature: \_\_\_\_\_

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