



**Scotus Central Catholic Living the Faith Program**  
**High School Summer Project Completion Form – DUE AUGUST 19, 2024**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date(s) of Service:** \_\_\_\_\_ **Time(s) of Service:** \_\_\_\_\_

**Project/Organization Title:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Description of Work Completed:**

In 1-2 complete sentences, describe the work that you did for this project (location, date(s), time, what you did).

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**Reflection:**

In at least 4 complete sentences, reflect on the work that you did. Who did you help? How did you use your time or talent to meet their need? Did you learn anything? Would you like to do this project again?

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**Parent/Guardian Signature:** Please review your child's responses to the questions above. Discuss the project with your child. After reviewing and discussion, sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_