## Scotus Central Catholic Living the Faith Program High School Summer Project Completion Form – <u>DUE AUGUST 22, 2025</u>

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).
Reflection:	e work that you did. Who did you help? How did you use your time or talent ould you like to do this project again?
Parent/Guardian Signature: Please review child. After reviewing and discussion, sign bel	your child's responses to the questions above. Discuss the project with your ow.

Date: \_\_\_

Signature:\_\_