Scotus Central Catholic Living the Faith Program
High School Summer Project Completion Form – *DUE AUGUST 21, 2026*

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: _____