



**2010-2011 Lawrenceburg Educational Grant Program
Service Learning Project Information & Report Form
dearborncf.org**

The following information is required as part of the program. Incomplete forms or forms for unapproved activities will NOT BE ACCEPTED. Report Forms MUST be submitted to the Foundation within 90 days of each date of service.

Student Name: _____ Social Security Number: _____

Address: _____

City: _____ STATE _____ ZIP _____

Home Phone Number: _____ Year graduating from LHS: _____

IN ADDITION, THE BACK OF THIS FORM MUST BE COMPLETED

Effective July 2004, the Lawrenceburg Educational Grant Program (LEG) requires a Service Learning component enhancing the students' education by allowing them to give something back to their community and to learn from the experiences.

Lawrenceburg High School students are required to perform a minimum of 50 hours of approved community service in order to be eligible to participate in the 2010-2011 grant program. Approved activities are listed in the LEG Approved Service Organizations & Activities Handbook (The Handbook) on our website: dearborncf.org.

- **Volunteer activities are reviewed and approved by DCF based on whether or not the activity provides a benefit to the LAWRENCEBURG AND/OR DEARBORN COUNTY COMMUNITIES.**
- **Both sides of the Service Learning Report form for each volunteer activity must be completed (see reverse-side of this page for remainder of form).**
 - Report forms are available at the DCF office 322 Walnut St., Lawrenceburg, or by visiting the DCF website at dearborncf.org.
 - Completed forms **MUST** include a signature from the organization's representative who oversaw the volunteer activity. No student can sign.
 - Student must complete and attach a narrative addressing each of the questions asked on the back of this form.
 - Incomplete forms or forms for unapproved organizations and/or activities will not be accepted.
 - Report forms **MUST** be submitted to the Foundation within 90 days of each date of service to receive credit for the services performed.
 - Senior students - Hours completed following LHS's graduation date and/or Service Learning Report forms received after 4 p.m. on the Friday before LHS's graduation date will **not** be considered.
 - **It is the student's responsibility to make sure the appropriate number of hours have been completed and that his/her Service Learning Report forms are on file in the DCF office prior to his/her graduation date.**
 - No extension will be given to Seniors for hours submitted near the deadline, and not approved.
- **Any volunteer activity not listed in the Handbook must first be approved by DCF prior to participating in the activity.**
 - Any volunteer report forms received for non-approved organizations/activities will not be accepted.
- **Organizations and activities are periodically added to the Handbook, if approved by DCF. Please check the Handbook regularly for the most up-to-date approved list of organizations and/or activities. The Handbook is available by contacting the DCF office at 539-4115 or by visiting the DCF website at dearborncf.org.**
- **It is encouraged that students keep a copy of the Service Learning Report form(s) for their records.**

In five sentences or more for each question, student must answer the following on a separate typed sheet and attach it to this form:

1. What work did you do for this organization?
2. What did you learn from this experience?
3. Would you be willing to volunteer with this organization again? Why or why not?

THIS SECTION TO BE FILLED OUT BY AUTHORIZED REPRESENTATIVE FROM ORGANIZATION. NOT BY THE STUDENT. PLEASE DO NOT USE PENCIL WHEN COMPLETING FORM.

Student Name: _____

Name of Organization: _____ Phone: _____

Printed name of Authorized Representative: _____ Title: _____

**List the individual dates, number of hours performed and description of activity.
(PLEASE DO NOT INCLUDE MORE THAN ONE ORGANIZATION PER FORM.)**

DATE OF SERVICE	# OF HOURS	DESCRIPTION OF ACTIVITY PERFORMED

TOTAL HOURS: _____ (Forms will not be accepted where the hours are scratched out or have Wite-Out/Correction fluid).

I certify that the above student did perform the stated activities and hours on the dates listed above.

Signature of Authorized Representative of organization/activity.
(A student, parent or family member's signature is not acceptable).

Date Signed

I certify that I did perform the stated activities and hours listed above and have attached answers to the questions listed above.

Signature of Student

Date Signed

**PLEASE SUBMIT COMPLETED FORM AND ATTACHED ANSWERS TO QUESTIONS TO:
DEARBORN COMMUNITY FOUNDATION, INC.
322 Walnut St., Lawrenceburg, IN 47025**