



Seattle Lutheran HIGH SCHOOL

Senior Project Application Cover Page

Full Name (print): _____

Project Title: _____

Name of Mentor (print): _____

(Note: Mentor must be from the Community Service/Non-Profit Organization with which the student will work and not related to the student.)

Name of the Community Service Organization: _____

Job Title of Mentor: _____

Qualifications/Experience of Mentor in this field: _____

Mentor contact information: Phone number: _____

E-mail address: _____

Signatures:

Student: _____ Date: _____

Parent: _____ Date: _____

Mentor: _____ Date: _____

Approval Signatures: (Turn in materials to Tami Clark, the Senior Project Coordinator, for the approval process.)

Sr. Project Coordinator: _____ Date: _____

Mr. Meyer: _____ Date: _____

Comments/ Suggestions: _____

Please attach this Cover Page to the front of your Senior Project Application for Project Approval. **Submit them both to Mrs. Clark in the spring or summer. You may turn in hard copies, submit via Schoology, or email at tclark@seattlelutheran.org. Project must be approved before you begin work!**