**2023-2024 Service Learning Award Application - Service Partner Form**

Service Partner Organization \_\_\_\_\_\_\_\_\_\_

Service Partner Address \_\_\_\_\_\_\_\_\_\_\_\_

Service Partner Coordinator Name & Title \_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Phone Number \_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Email Address \_\_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_

Project Title \_\_\_\_\_\_\_

Project Timeline \_\_\_\_\_\_\_\_\_

Brief Project Description:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Coordinator’s Signature \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_