



6. Please describe a time when you shared Christ or experience God during your project.

7. Would you recommend this project to a friend? Explain

8. Did you serve with/for another person who will have a lasting impact on you? Who? Why? How?

9. Please add any suggestions to improve the program.

10. **Method of notification**

Please indicate how the student wishes to be notified that this project has been accepted:

Schlarman E-Mail Address

Other E-Mail Address: \_\_\_\_\_

Telephone at Home     Regular Mail at Home

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Follow Up Needed: \_\_\_\_ Yes \_\_\_\_ No