

Anne Arundel Community College
Office of Student Life
Student Union Room 202 410-777-2218
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SERVICE PROJECT PROPOSAL

All service projects must align with the college mission.

Name of Club/Organization _____

Student in Charge _____

Phone Number _____ E-mail Address _____

Date(s) and/or time of event _____

Describe activity _____

Action Plan _____

Projected budget:

SOURCE	INCOME	EXPENSES	BALANCE
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Name of community organization _____

Contact Name _____ Phone Number _____

Is there any a fundraising activity associated with this project? _____

If yes, please complete the questions below: _____

How will the money be used? _____

Account number to be used for disbursements and deposits _____

Person responsible for collection and deposit of funds _____

Student Responsible

Club Advisor

Community Agency

Service-Learning Office

Director of Student Life

_____ Approve _____ Disapproved