

MFL MarMac High School

Service Learning Credit Request

Silver Cord Program

Recognition and Celebration of Service

Date _____

_____ Freshman

_____ Junior

Name _____

_____ Sophomore

_____ Senior

Description of service performed: _____

Date of Service: _____

Hours of work performed: _____

Person or Organization who was the recipient of these services: _____

Address and phone number of recipient or project supervisor: _____

Student Signature: _____

Signature of service learning sponsor if applicable: _____

Submit this form to the Guidance Office.