

2011-2012 SOPHOMORE Apostolic Ministry Project Verification Card

PROJECT DUE DATE: Thursday, April 26th or Friday, April 27th

Student's Name: _____

Project Site (please circle one) HFHS OR Parish (print name) _____

Description of the Service completed: _____

Date and time project completed: _____

Supervisor's Name (please print): _____

Supervisor's Phone Number: _____

Supervisor's Signature: _____

Comments: _____