

Portage Area High School Graduation Project Proposal Form

Name: _____ Homeroom #: _____ Date: _____

Project: _____

Explain what you hope to accomplish with this project.

Explain your existing knowledge of the project you have chosen.

Explain at least five tasks you will need to accomplish in order to complete this project.

Estimated start date: _____ Estimated end date: _____

Will your project require use of school facilities? (Gym, auditorium, etc.) Yes No

If yes, have you completed a School Board Request Form? Yes No

Will your project involve fundraising of any kind? Yes No

If yes, who or what group will these funds benefit? _____

Will your project require a faculty, staff, or community advisor? Yes No

If yes, who will be advising this project? _____

Advisor Signature (If required): _____ Date: _____

*ADVISOR: BY SIGNING THIS PROPOSAL YOU ARE AGREEING TO ASSIST IN THE COMPLETION OF THIS PROJECT. THESE DUTIES MAY REQUIRE YOU TO CHAPERONE AN EVENT, HANDLE MONEY, AND/OR PROVIDE GENERAL ADVICE.

Approval Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Additional Comments/Recommendations: (Teacher use only)