

Office of Mentoring and Service Learning
Service-Learning Development Award Cover Sheet

1. Contact Information

Name: _____ Department: _____
Phone: _____ Mailbox: _____ E-mail: _____
Home Contact Info: _____

2. General Project Information

Proposed Course Number and Title: _____
Planning semester: _____ Implementation semester: _____
Number of students in course: _____
Anticipated number of students who will do service-learning project? _____
Community need and/or population to be served: _____

Have you taught a service-learning course before? _____ Yes _____ No
If yes, please describe briefly: _____

3. Project Summary

Please provide a brief description of your proposed service-learning project.

4. Agreement

I understand that if my proposal is funded, I will be expected to:

- Attend planning and reflective sessions in both the planning and implementation semesters.
- Participate and help facilitate project assessment
- Submit a completed syllabus and partner agreement forms before the semester of implementation
- Disseminate information about the project to the college community, community partner and general public, if appropriate

Applicant's Signature/Date

Dept. Chair/Program Coordinator Signature/Date

Submit by May 8, 2009 to: Christine Francisco, Coordinator, OMSL

Office: Science 134, Ocean Campus

Mailbox: S49

(415) 239-3771

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