

PONDEROSA HIGH SCHOOL
1ST SERVICE LEARNING LETTERING REQUIREMENTS
100 HOURS

ELIGIBLE SOURCES FOR ALL SERVICE LEARNING (Ideas available in counseling office or website)

<p>Ponderosa (Must have 5 to 25 Hours)</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Service Learning performed on the physical property of PHS outside of regular school day. • Opportunity offered through a PHS organization but performed some place other than on the physical property of PHS <p>NOT ACCEPTABLE: Required service learning for program membership/participation (i.e.: NHS, STUCO, Eagle Scouts) cannot be submitted for clarification</p>	<p>Outside Organizations: (Must have 75 Hours or more) Minimum of two outside organizations</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Outside non-profit organization such as Habitat for Humanity, Denver Rescue Mission, Praying Hands Ranch, elementary and middle schools, fund raising events, any local community, state, national, or global programs. • Opportunity offered through a PHS organization but performed some place other than on the physical property of PHS. • Business participating in a non-profit service learning event. <p>NOT ACCEPTABLE: Required service learning for program membership/participation (i.e.: NHS, STUCO, Eagle Scouts) cannot be submitted for lettering. Verify with the counseling office or counselor for clarification.</p>
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Body of Evidence

- One Letter of Recommendation from a service learning supervisor outside of PHS.
- Documentation of service learning (copies or original of forms with signatures of supervisors, student reflections, hours worked, etc.) **NOTE:** Students are responsible for keeping copies of documentation for lettering.

NAME: _____ **YEAR OF GRADUATION:** _____

ADDRESS: _____ **PHONE:** _____

PHS SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

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SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

TOTAL HOURS MUST EQUAL 100 _____

Direct all inquiries to Mrs. Ludwick, your counselor, your administrator
 Submit completed application to counseling office

(School use only)

Approved: _____

Approved: _____

Approved: _____