



Pozen Community Scholars Service Project Form

Please check the appropriate box

FACULTY-INITIATED NAME AND DEGREE:

STUDENT-INITIATED NAME AND DEGREE:

DEPARTMENT AND INTERNAL MAILING ADDRESS (IF APPLICABLE):

PHONE: () -

E-MAIL:

FACULTY/ STUDENT EXPERIENCE RELEVANT TO COMMUNITY SERVICE:

WILL THIS PROJECT BE SUPPORTED BY ANY OTHER FUNDS?

Yes or No

(IF YES, PLEASE STATE FUNDING SOURCE)

PROJECT TITLE (200 Characters max):

PROJECT DESCRIPTION: Please describe in 500 words or less how this project serves the community and what the student completing the service will learn from this experience:

Please return form to the Office for Diversity and Community Engagement, MSB B624, as soon as possible since acceptances will be on a rolling basis.