



## Service Project Form

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**IS THIS PROJECT STUDENT OR FACULTY INITIATED? (Please circle/highlight)**

Student

Faculty

### Contact Info

STUDENT NAME:

YEAR OF STUDY:

DEPARTMENT AND DEGREE PURSUED:

FACULTY MENTOR NAME:

DEPARTMENT AND DEGREE EARNED:

ADDRESS:

PHONE: (    ) -

E-MAIL:

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### Previous Experience

PLEASE DESCRIBE PREVIOUS FACULTY AND STUDENT EXPERIENCE RELEVANT TO COMMUNITY SERVICE:

  
  
  
  
  
  
  
  
  
  

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**Project Info**

PROJECT TITLE (200 Characters max):

PROJECT DESCRIPTION: In 500 words or less, describe the following: 1) How the project proposed serves the city of Newark. 2) What will be gained by way of service and experience upon completion.

**WILL THIS PROJECT BE SUPPORTED BY ANY OTHER FUNDS? (Please circle)**

Yes

No



(IF YES, PLEASE STATE FUNDING SOURCE):

Please specify the total amount being requested and why:

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Name

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Date

**Please return form to Dr. Joy Cox, Office for Diversity and Community Engagement  
185 South Orange Avenue  
MSB B517  
Newark, NJ 07103  
joy.a.cox@rutgers.edu**