

7th Grade

St. Philip the Apostle Stewardship
 Parish or Community Service Projects

8th Grade

Service Project Name _____ Service Date(s) _____

Confirmation Candidate's Name _____

Catechist/Teacher's Name _____

Reflection on the service project-Recipient of Service Project _____

Work/Project entailed _____

What you did to achieve goal _____

THIS FORM SHOULD BE COMPLETED AND BROUGHT TO CLASS IMMEDIATELY UPON COMPLETION OF THE SERVICE.

Service Project Supervisor's Signature _____ Date Signed _____

I verify that the above Confirmation Candidate assisted in the above service project.

Total hours served this project: ____ hour(s)



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