

Connecticut Association of National Honor Societies

School Project* Self-Nomination Form

School Name:

Project Title: _____

***(project must have focused on services to senior citizens, senior citizen centers or convalescent home residents)**

Number of students involved: _____

Number of people that benefited from project: _____

Number of hours coordinating & working on project: _____

(Please write a description of this project, the reason for this project, what your school & community gained from this project and what your chapter learned/gained from this experience.) Use reverse side of form if additional space is needed.

Adviser Signature

Principal Signature