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