

DELASALLE HIGH SCHOOL

The Giving Tree Christian Service Project Validation Form



STUDENT: your full name printed _____

YEAR: of graduation _____

DESCRIPTION: Briefly describe your Christian Service Project and how you feel it matches the goal of the Giving Tree

SIGNATURE OF STUDENT _____

DATE: _____

This form **MUST** be handed in no later than April 15 to be considered for the current school year