



**Community Service Project for AEdCC Clubs**  
**Application Packet**

**SECTION A: SERVICE PROPOSAL**

**Club Name:**

**Club Contact:**

**Advisor:**

1. Project Title

2. Community Partner(s) information (if any)

**Organization:**

**Phone number:**

**Address:**

**Email:**

3. Project Purpose

4. Project Plan

**Project Start Date:** \_\_\_\_\_

**Approval Signatures**

**Advisor's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Officer for Clubs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Club Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**SECTION B: REFLECTION**

**\*\*Grant will NOT be deposited into your account until this section is submitted to CSEL Club Team. Please submit after the project is completed.\*\***

1. Please elaborate on how your Community Service Grant Project has benefited your club and the community at large

2. What were the challenges did your club face in implementing the project? What would you do differently?

3. Who supported you in making this project possible?

4. Any other comments?

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