

# Class of 2017 Senior Project Proposal

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

GEMS Advisor: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Type (check one or more):

- Academic Challenge.....involves independent research study OR formal instruction from a professional, resulting in credit, certification, or licensure.
- Community Service.....is a leadership position that provides a needed and viable service to a community agency or organization.
- Career.....related to student's career pathway and/or provides extended learning experience or internship that may involve potential future employment.
- Personal Exploration.....represents an exploration in an unfamiliar area of interest.



## DIRECTIONS:

- ☞ Type your proposal in this template. **Handwritten proposals will not be accepted.**
- ☞ Complete your proposal with your mentor.
- ☞ Provide **detailed** answers. Limit your answer to the space shown.

**PROJECT DESCRIPTION:** What do you plan to do? Provide an overall description of your creation, event, service, or exploration. Please include descriptions of how you will meet the 15-hour minimum requirement (steps involved) and the expenses involved in the project. Remember: Funding is the student's responsibility.

# Mentor Agreement

## The Role of a Mentor

### **Mentors:**

- *Have three years or more of experience in a related field.*
- *Cannot be a family member or relative.*
- *Assist the student in formulating his/her project proposal and Mentor Agreement form.*
- *Provide guidance on the project.*
- *Help to determine the form the project takes and necessary steps to complete the project.*
- *Be a resource for the student.*
- *Guide the student through the necessary steps of the project, allowing he/she to do his/her own work.*
- *Be available to the student when needed.*
- *Complete the Mentor Agreement (part of this proposal) and the Mentor Final Evaluation (student will provide) when the project is completed.*

In order to help the GEMS committee, understand your qualifications to assist this student, please explain your experience/background as it pertains to this project:

I hereby agree to be a mentor for \_\_\_\_\_.  
(Student's Name)

I realize that my position is primarily one of advising and giving technical assistance when needed and when appropriate. I am aware that it is not my responsibility to "do" the project or to continually monitor the student to see that the project is completed. I understand that in order to act as a mentor to a Grandview High School student I must meet the legal requirements for the Grandview School District by completing and returning a completed Volunteer Background Check to the GEMS Committee Administrator, Mr. Steve Long. I understand the student may not take undue risk or be put in harm's way at any time during the completion of this project. I will complete a written evaluation of the student's work at the conclusion of the project.

Mentor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Awareness of Project

As the parent/guardian of \_\_\_\_\_ (*name of student*), I am aware that he/she is engaged in completing a Senior Project as part of the graduation requirements for Grandview High School. I know that my student has proposed the project described previously, and I understand that it is my responsibility to ensure that my student does not take unnecessary risks and is not placed in an unsafe environment way at any time during the completion of this activity. Furthermore, I am aware that my son/daughter has chosen \_\_\_\_\_ to be his/her mentor, and that person has met the legal requirements for serving as a mentor in the Grandview School District by completing and returning a completed Volunteer Background Check to the GEMS Committee Administrator, Mr. Steve Long. I fully understand the requirements for the Senior Project. I am aware that the supervision of any activity undertaken outside of the school for the purpose of the Senior Project will be my responsibility, and I will not hold the School District liable in any way for the health and safety of my child during the completion of this project.

If I have questions or concerns, I will contact the GEMS Committee Administrator, at (509) 882-8750 ext. 1613.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Contract

I, \_\_\_\_\_, currently enrolled in Grandview High School, understand I must successfully complete a Senior Project which is part of the graduation requirement as set forth by the Grandview School District. I have read the Senior Project guidelines and realize my responsibilities/duties for completing my project. I agree to follow any and all safety procedures to ensure my well-being.

If I have any questions or concerns, I will contact my mentor, my GEMS Advisor, or the GEMS Committee Administrator, Mr. Steve Long.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(GEMS Advisor Only)

## GEMS Advisor Endorsement

I have read the above Senior Project Proposal and believe it ready for Grandview High School's GEMS Committee approval.

GEMS Advisor's Name: \_\_\_\_\_

GEMS Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(GEMS Committee Only)

# GEMS Committee Approval

The Grandview High School GEMS Committee:

Approves the above written proposal.

Denies the above written proposal for the following reason(s):

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Agrees the project has merit, but needs additional information from the student. Please set up an appointment through Mr. Long to meet with the GEMS Committee.

\_\_\_\_\_ Date: \_\_\_\_\_  
GEMS Committee Administrator

\_\_\_\_\_ Date: \_\_\_\_\_  
GEMS Committee Representative

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