



SCOPE

Senior Career Options Practical Experience

FINAL PROPOSAL FORM

PERSONAL INFORMATION

Senior's Name: _____ Home Phone: _____

OCCUPATIONAL INFORMATION

Name of Business/Organization:

Business Street Address:

City, State, Zip Code:

Business Phone:

Community Sponsor:

Brief description of type of work done at this business:

TIME SCHEDULE

	Th	F	M	T	W	Th
Beginning Time	5-17	5-18	5-21	5-22	5-23	5-24
Ending Time						

GENERAL INFORMATION

**Rationale for project:
(In paragraph form)**

**Statement of two personal and two technical goals and objectives:
(Minimum of four sentences)**

Staple your typed Final Proposal Form to the signed Contract and give to Mrs. Lininger on or before Tuesday March 6, 2007.