

PONDEROSA HIGH SCHOOL
2nd Letter -- SERVICE LEARNING LETTERING REQUIREMENTS
125 HOURS

ELIGIBLE SOURCES FOR ALL SERVICE LEARNING (Ideas available in counseling office or website)

<p>Ponderosa (Must have 5 to 25 Hours)</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Service Learning performed on the physical property of PHS outside of regular school day. • Opportunity offered through a PHS organization but performed some place other than on the physical property of PHS <p>NOT ACCEPTABLE: Required service learning for program membership/participation (i.e.: NHS, STUCO, Eagle Scouts) cannot be submitted for clarification</p>	<p>Outside Organizations: (Must have 75 Hours or more) Minimum of two outside organizations</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Outside non-profit organization such as Habitat for Humanity, Denver rescue Mission, Praying Hands Ranch, elementary and middle schools, fund raising events, any local community, state, national, or global programs. • Opportunity offered through a PHS organization but performed some place other than on the physical property of PHS. • Business participating in a non-profit service learning event. <p>NOT ACCEPTABLE: Required service learning for program membership/participation (i.e.: NHS, STUCO, Eagle Scouts) cannot be submitted for lettering. Verify with the counseling office or counselor for clarification.</p>
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Required for 2nd letter – Achieve 1st letter plus the below requirements:

Body of Evidence

- One letter of Recommendation from a service learning supervisor outside of PHS.
- Documentation of service learning (copies or original of forms with signatures of supervisors, student reflections, hours worked, etc.) **Note:** Students are responsible for keeping copies of documentation for lettering.
- 1 page personal reflection on service learning and above projects

Distribution of additional 125 hours

- 50 hours or more – completed through two or more different organizations or events outside of PHS.
- 25 hours or more must be completed outside of the Parker community.

NAME: _____ **YEAR OF GRADUATION:** _____

ADDRESS: _____ **PHONE:** _____

PHS SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

SERVICE EVENT & SUPERVISOR _____ # OF HOURS USED FROM THIS EVENT _____

Date of 1st Letter _____ **TOTAL HOURS MUST EQUAL 125** _____

Direct all inquiries to Mrs. Ludwick, your counselor, your administrator
 Submit completed application to counseling office

(School use only)

Approved: _____

Approved: _____

Approved: _____