

Christian Service Project
Lincoln Lutheran High School

1100 N. 56th St. Lincoln, NE 68504 (402) 467-5404

_____ has received approval for the Service Project described below:
(Name of Student)

(Signature of Religion Teacher) Date

(Signature of Parent) Date

This certifies that the above mentioned student has completed the following work toward his/her Service Project.
No work that included a monetary or material reward shall qualify as service.

<u>Description of Service Performed</u>	<u>Dates</u>	<u>Hours Served</u>	<u>Hours Served with a Parent</u>
---	--------------	---------------------	-----------------------------------

(Name of Institution or Organization where service was performed)

(Address)

(Phone)

(Signature of Certifying Supervisor)

(Date)

I hereby certify that the work described above was completed by me: _____
(Signature of Student) (Date)

I hereby certify that the work described above was completed by my child: _____
(Signature of Parent) (Date)