

MARQUETTE ACADEMY FINANCIAL COOPERATIVE

FAMILY NAME:

DATE:

BRIEF DESCRIPTION OF PROJECT:

START TIME:

_____ AM/PM

END TIME:

_____ AM/PM

TOTAL HOURS WORKED:

CONFIRMED:

(SIGNATURE OF MARQUETTE ACADEMY EMPLOYEE)

ALL COMPLETED FORMS ARE TO BE PLACED IN MRS. ROBERSON'S OR MRS. TENUT'S MAILBOX IN THE MAIN OFFICE AT HIGH SCHOOL. COMPLETED FORMS MAY ALSO BE LEFT WITH MRS. MANN AT THE ELEMENTARY CAMPUS.

COMMENTS ARE WELCOMED:

REMINDER THESE FORMS ARE THE FAMILIES RESPONSIBILITY TO TURN IN TO RECEIVE CREDIT.