



National Honor Society

Dearborn High School Chapter Individual Service Project (ISP) Approval Form

Project Title _____

Project Organizer(s) _____

Projected Date _____

Vision

What do you want to achieve? (What is the intended goal for this project? What problem or issue will this project address?)

Describe the importance of this effort. (What impact or difference will this project make or have in the community? Who will benefit from this project?)

Logistics & Planning

Where and when will this project take place? Appropriately how many hours will this project take to complete?

Is funding needed? If so, what is the estimate cost of the project? How are you planning on raising the necessary funds?

Will you require assistance or permission from other community members or stakeholders? If so, who? Please provide contact information.

What additional resources (materials, transportation, volunteers, etc.) will be required to make this project successful?

What potential problems or issues might you face while implementing this project? In what ways are you planning on addressing or solving those problem if they were to occur?

If this project involves another NHS member, please identify and explain the individual roles and responsibilities of each person. *In other words, what is each member responsible for contributing to the project?*

I will complete this ISP following to the approved project form and request any changes through the President or Advisor.

Member _____ Date _____

Member _____ Date _____

President Approval _____ **Date** _____

Vice President Approval _____ **Date** _____

Advisor Approval _____ **Date** _____