January, 2008

Semester of Service

Title of Project_____

Teacher Name/s_____ **Grade**_____

School _____ **Phone**_____

Address_____ **Zip**_____

E-mail_____ **Fax**_____

Number of Students Involved_____

Description of Project including the Goal and Steps toward the Goal
(Please keep total words under 250.)

Timeline: Starting Date and Completion Date _____

Cooperation of Other Groups (School, Community, etc.)

E-mail this completed form to: Sandra.kawatski@lee.net
Fax to the Tribune: (608) 791-8475 or
Mail to: Semester of Service, La Crosse Tribune, 401 N. Third, La Crosse, WI 54601

La Crosse Tribune