The purpose of the Community Service Project for ASEdCC Clubs is to encourage students to be more involved in our campus and local community. To receive funding an active chartered club is required to complete the application process and receive approval from the Club Team in Center for Engagement and Leadership (CSEL). **Each club can submit only one application packet per year for the $100 reimbursement.** Funds will be deposited into the club’s account once the reflection portion of the application has been received.

**Application Process**

1. Submit **Section A** (Service Proposal) of the application packet at least **3 weeks in advance of the Community Service Project.**

**We encourage clubs to collaborate with Campus stakeholders (eg: Service Learning)**

1. **Receive approval** from the CSEL Club Team.
2. Implement your Community Service Grant Project.
3. Submit **Section B** (Reflection) of the application packet to CSEL Club Team after the project is done.
4. Once your **reflection** has been received, your club will receive $100.

**Community Service Project Guidelines**

**Purpose:** It is preferable but NOT REQUIRED that the Community Service Grant Project is aligned to your club’s mission.

**Duration:** 2-3 hours minimum required

**Participation:** At least 5 members of the club must participate

**For more information or any assistance please contact:**

Executive Officer for Clubs – Natcha Sriwongthai asedcc\_clubs@email.edcc.edu

Club Manager - Lew Latimer llatimer@email.edcc.edu

Club Events Programmer – Marwa Bughrara marwa.bughrara@email.edcc.edu

Club Administration Programmer – Qasim Anjum qasim.anjum@email.edcc.edu

**For more information regarding partnering with Service Learning:**

Service Learning Programmer –Irene Giang irene.giang@email.edcc.edu

OR

You can also check out the Service Learning Website:

https://sites.google.com/a/email.edcc.edu/edcc-csl-sponsored-projects/about

**SECTION A: SERVICE PROPOSAL**

**Club Name:**

**Club Contact:**

**Advisor:**

1. Project Title
2. Community Partner(s) information (if any)

Organization:

Phone number:

Address:

Email:

1. Project Purpose
2. Project Plan

Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Signatures**

Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Officer for Clubs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: REFLECTION**

**\*\*Grant will NOT be deposited into your account until this section is submitted to CSEL Club Team. Please submit after the project is completed.\*\***

1. Please elaborate on how your Community Service Grant Project has benefited your club and the community at large

2. What were the challenges did your club face in implementing the project? What would you do differently?

3. Who supported you in making this project possible?

4. Any other comments?