

SGE Quality Chapter Service Project

(Submit by May 31st to: even@sigmagammaepsilon.com)

Chapter: _____ **Date:** _____

University: _____

Address: _____

Advisor: _____

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

Service Project title: _____

Total Hours of Service: _____ (hours worked x number of participants)

Date(s) of Project: _____

Number of Members Participating: _____

Names of Members Participating:

Description of Project:

How does this project benefit your school or community?