## **Public/Oral History**

## **Community Service Project Application**

Student participants must meet eligibility requirements.

## Please return to the Public/Oral History Office, SB-357

Name:		
Address:		
City:		Zip:
Phone:		
E-mail:		
Please list three Community Service Proin:	ject experiences you are	interested
Why do you want to participate in this pr	rogram?	