

**JUNIOR PROFESSIONAL SHADOWING PROJECT
PROPOSAL FORM
DUE ON FRIDAY, JANUARY 20, 2012**

DIRECTIONS: Please type or neatly print all information in **black or blue ink**. This proposal form must be completed in its entirety for your project to be considered for acceptance.

Junior's Name: _____

Homeroom Teacher: _____ Homeroom Number: _____

JUNIOR'S PLANS AND GOALS

For my Junior Professional Shadowing Project, I plan to _____

My goals for the Junior Professional Shadowing Project are as follows:

Goal I: _____

Goal II: _____

SPONSOR'S CONTACT INFORMATION

Sponsor's Name: _____ Job Title: _____

Name of Company or Organization: _____

Type of Company or Organization: _____
(e.g., health care, education, business, entertainment, and etc.)

Business Address: Street: _____

City: _____ State: _____ Zip: _____

Sponsor's Work Number: _____

Junior's Transportation Plans: _____

I approve this Junior Professional Shadowing Project.

SJA Coordinator's Signature: _____ Date: _____