PLP PROPOSAL
NATIONAL HONOR SOCIETY

NHS members: please make a copy of this document and then type your responses. Before asking your sponsor to sign this agreement, go over your plan - particularly your project timeline.

🔗 *For detailed student expectations and project examples, visit: https://sites.google.com/d94.org/nhs/leadership/plps.*

Student Name:
Sponsor Name and Title:
Project Title:
Proposed Date Range of Project:
Assigned Timeline Window for Execution (Week/Month):

PROJECT OVERVIEW

To be completed by the student prior to sponsor signature.

1. What is your project?
Briefly summarize your idea. Who does it benefit? What are the main activities involved?

2. Why is this project important to you?
What motivated you to choose this initiative?

3. What are your measurable goals?
List at least three specific outcomes that will help you determine success.

4. Who else will help?
Include names of adults or peers and describe how they'll assist.

5. Will you need space at WEGO to carry out your project? Or space elsewhere? If so, where?

6. Is your project tied to an organization?
(If yes, include the name and website.)

TIMELINE

To be completed by the student prior to sponsor signature.

Task	Due Date	Person Responsible

Students must outline at least 5 major tasks. Below are examples of tasks you might include in your timeline. Your own plan will vary depending on your project:

- Reserve event space and confirm date
- Contact other volunteers or student helpers
- Purchase or collect materials
- Promote your event or initiative
- Execute the main activity or service
- Submit documentation (photos, flyers, email and check-in records): report and documentation are due within 30 days of your PLP's completion.

📌 *Please add rows as needed.*

📌 *At this point, you can print the document and complete the rest by hand.*

STUDENT SUPPORT REQUEST

To be completed by the student prior to sponsor signature.

Every project is different. Some students may need frequent support, while others work almost entirely independently. Use this section to request the level of support that fits your style and project needs.

- ☐ I request Active Support
- ☐ I request Mid-Level Support
- ☐ I request Logistics Only

SPONSOR RESPONSIBILITIES

To be reviewed and checked off by the sponsor prior to signature.

Sponsors play an important role in helping our members grow as leaders, but their time commitment varies. Most PLPs are run entirely by the student, with the sponsor offering occasional guidance, supervision, and verifying completion. Students are expected to lead most aspects of the project from start to finish.

📌 *Sponsors, please review the proposal carefully before checking the below boxes and signing this document; request changes or decline if the project's scope exceeds your availability or comfort level. Additional details are available on our website: https://sites.google.com/d94.org/nhs/leadership/plps/for-sponsors.*

As a sponsor, you agree to:

- ☐ Review and sign the project proposal before work begins.
- ☐ Supervise the event in person **if sponsor presence is required.** Events outside normal school hours or off-campus typically require sponsor supervision. If the project occurs during a supervised time/location (e.g., after school in the LRC), supervision may not be necessary. Please consult with the NHS adviser to confirm.
- ☐ Support space reservations and announcement submissions. If the project takes place on campus, announcements must be submitted to announcements@d94.org by 9:00 a.m. the day they should run (limit: 2 consecutive days per design). For off-campus projects, sponsors should review announcements before the student submits them to the NHS adviser.
- ☐ Oversee fundraising or donations per NHS and D94 guidelines.
- ☐ Reinforce student ownership and encourage progress check-ins.
- ☐ Complete the final sponsor report.
- ☐ Contact NHS Advisor Leslie Fireman (lfireman@d94.org) with questions or concerns.

STUDENT RESPONSIBILITIES

To be completed by the student prior to sponsor signature.

Students, indicate by checking the boxes that you understand you are responsible for:

- ☐ Leading the planning and execution of this project independently.
- ☐ Providing your sponsor with a completed proposal and timeline.
- ☐ Returning this signed agreement to the NHS advisor by October 10, 2025.
- ☐ Following the timeline you have outlined above and completing the project within your designated timeframe.
- ☐ Submitting a final report with photos and documentation within 30 days of completion.
- ☐ Checking in with your sponsor as agreed upon in your support plan, and logging those check-ins if applicable.

SIGNATURES

Student Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

NHS members, please print two copies of this proposal: one for your sponsor, and one for the NHS advisor.

☑ CHECK-IN LOG (DEPENDENT ON SUPPORT LEVEL)

Optional – keep this log use if check-ins are part of your agreed sponsor support. If so, you will turn in this log with your final report.

Date	Meeting/Email Recap	Sponsor Initials