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**Johns Creek Foundation Student Alliance**

**Student Alliance Contributor  
(Teacher Submission)**

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| --- | --- |
| Name of School |  |
| Adult Sponsor |  |
| Club/Class Affiliation |  |
| Names of Students who will participate | |
| Summary of why your group should be awarded the opportunity to participate in this project. | |

Please Attach a Project Action Plan that outlines how you would complete this project on time.

**Project Plan**

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| **Action Item** | **Person Responsible** | **Date Completed By** | **Time and Resources Needed** |
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