Appendix C

LUMEN CHRISTI HIGH SCHOOL

Faith in Action Form
School Year_____

Student Name: _____ Grade: _____

Name of Organization: _____

Contact Person: _____ Phone #: _____

Description of Faith in Action Activity:

_____

_____

Reflection on Faith in Action Activity (for example, how do your actions reflect the Spiritual or Corporal Works of Mercy? How do your actions reflect one, several, or all the six Attributes of a Lumen Graduate? How do your actions improve our school, your Church/parish, or our Anchorage community? How do your actions bring you closer to your relationship with Christ? Attach additional pages as necessary.)

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Total Hours Worked: _____

Student's Signature: _____ Date: _____

Sponsor/Parent's Signature: _____ Date: _____

This sheet must be turned in to the Lumen Christi Office upon completion