# "MAP Your Future, **Reach Your Destination**"

### School/Community Activity Form

The Escondido Union High School District has partnered with local school districts, businesses and California State University San Marcos; to provide a program that ensures college admission to students who participate in the M.A.P. program. MAP is the acronym to help keep school success as a goal for all students and emphasize three important factures to success:

### ★ M - Maintain an academic focus

(complete A-G coursework with a "C" or higher and obtain an overall GPA of 3.0 or higher)



### ★ A - Attend school daily

(maintain an average 98% attendance over 4 years within the Escondido Union High School District)

## ★ P - Participate in school/community activities

(minimum 100 hours total over 4 years)

Students who participate in the MAP program are required to complete and record 100 hours of school/ community service or an equivalent number of hours of participation in school clubs, activities, and/or sports. Students must have the advisor or supervisor of their community or school activity participation complete the following form, explaining and verifying service participation. Students must maintain these completed forms and turn them in to their counselor once they have accumulated the total 100 hours. It is highly recommended that students keep a copy of their completed School/Community form for their personal records.

Student's Name (Printed)\_\_\_\_\_\_Student ID: \_\_\_\_\_

### School/Community Record of Hours

Date	Organization Name	Type of Activity	Hours	Supervisor's Name	Supervisor's Signature

(continue on back)

### My signature attests that the information recorded herein is true and accurate.

Student's Signature \_\_\_\_\_ Date:

Parent/Guardian Signature \_\_\_\_\_\_ Date:\_\_\_\_\_

For Office Use Only

Form Completed? YES/NO Counselor Initials: \_\_\_\_\_ Registered: \_\_\_\_\_

### School/Community Record of Hours

Date	Organization	Organization Type of Activity Hours Supervisor's					
	Organization Name			Supervisor's Name	Supervisor's Signature		

For Office Use Only			
Form Completed?	YES/NO	Counselor Initials:	Registered: