



<i>For office use only</i>	
Hours received _____	Date _____
Hours entered by _____	
Total hours earned to date _____	

Bright Futures Community Service Proposal

Name _____ Date _____

Student # _____ High School _____ Graduation Year _____

Organization(s) where the hours will be performed: (describe activity)	Answer yes (Y) or no (N) to all of the following questions in the spaces provided:	Y/N
_____	Is the activity family related?	
_____	Will you be compensated either financially or with some other material benefit?	
_____	Is the activity court mandated community service?	
What social issue(s) will your activity address? (circle all that apply): Abuse Health Animals Homelessness Education Hunger Elderly Poverty Environment Other:	Is the service for the sole benefit of a religious house of worship and/or its congregation?	
	Will you be fostering animals?	
	Is the activity required for one of your classes?	
	Are you donating an item like blood, hair, or canned food?	
	Will the hours be submitted after your graduation?	
	Will a leader or responsible adult (not parent/guardian) with the <u>organization</u> be on site to evaluate and confirm student performance?	
	Will the hours be performed overnight at a camp or event?	

Keep copies for your records of all documentation.

I understand that this proposal to participate in community service is entirely voluntary on my part and that the completion of documented community service related to this proposal can be used to satisfy the community service requirement of the Florida Academic Scholarship, Florida Medallion Scholarship, Gold Seal Vocational Scholars Award and Gold Seal CAPE Scholars. Selection of the organization, services performed, and documentation are the responsibility of the student. Signature of the Community Service Contact indicates that the student has presented an appropriate social issue for meeting the community service requirement of the Bright Futures Scholarship Program. **All community service hour documentation MUST be submitted by the school's graduation date. Any community service hours submitted after the graduation date even if earned prior to graduation will not be accepted. No Exceptions.**

*A parent/guardian cannot represent as a service agency

_____ Student Signature	_____ Date
_____ High School Community Service Contact Signature	_____ Date

Pasco High School Community Service Log

Name: _____ Student #: _____ Grade level: _____

The student must submit a proposal to the Community Service Contact at the school site before beginning any project. It is the responsibility of the student to keep the actual record of the hours of Community Service performed. Log record must be turned in to the Career Specialist.

Name of Organization: _____

CONTACT PERSON: _____ TELEPHONE: _____
(PLEASE PRINT)

DATE OF ACTIVITY	HOURS LOGGED	SIGNATURE OF CONTACT PERSON

TOTAL HOURS _____

REFLECTION:

I agree that I have performed the above hours.

Student Signature

Date

School Career Specialist

Date

NOTE: *Keep copies for your records of all documentation. Community service hours will reflect on high school transcript.*