

PINELLAS COUNTY SCHOOLS





Hours must be completed by graduation.

Name: D		ate of Birth:	
District Student Number:		Graduation Year:	
High School:		Name of Agency:	
Date of Activity	Hours Logged	Date of Activity	Hours Logged
(Add additional lags as pand	-d)		Total Haura
(Add additional logs as neede			Total Hours
Florida Bright Futures Commu FL Academic Scholar : 100 H	-	: 75 Hours FL Gold Seal V	ocational Scholar : 30 Hours
 Student's Signature			 Date
Parent's Signature			 Date
I attest that the above named	student has performed the abo	ve hours of Community Service.	
Agency Contact's Signature			Date
Signature below verifies the received and approved.	at the log of hours and stude	ent evaluation/reflection paper	(PCS Form 2-2602-3) have been
Sianature:		Date of	Completion:
High School Comm	unity Service Designee		
Signature:		Number of hor	urs entered in Focus
_	Hours entered by		
		Date ente	red:

High School Community Service Designee - Please place the original in the student's cumulative folder.

Students should keep a copy of the completed form that has been signed by the agency for their records.



PINELLAS COUNTY SCHOOLS BRIGHT FUTURES COMMUNITY SERVICE LOG AND REFLECTION FORM



Please describe below what you learned from your community service experience.				
By signing below, I understand that this is not the application complete the Initial Student Florida Financial Aid Application				
also understand that Community Service is only one of the lor a Bright Futures Scholarship, I will go to www.FloridaStud				
Student's Signature	 Date			