



PINELLAS COUNTY SCHOOLS  
Bright Futures Volunteer Service/Paid Work Proposal Form



Forms must be completed in its entirety. Students must complete separate forms for each location

Name: \_\_\_\_\_ Local ID Number: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Students must earn either the required volunteer service **OR** paid work hours, or a combination of both. Service hours/paid work hours must be completed with an agency, company, organization, or business.

Scholarship	Volunteer Service Hours Required	Paid Work Hours Required	Combination of Both
Florida Academic Scholarship (FAS)	100	100	100
Florida Medallion Scholarship (FMS)	75	100	100
Gold Seal CAPE (GSC)	30	100	100
Gold Seal Vocational (GSV)	30	100	100

I will be completing (circle one):      VOLUNTEER SERVICE HOURS      PAID WORK HOURS

<p>If you are doing VOLUNTEER SERVICE hours, the following service hours will not count.</p> <ol style="list-style-type: none"><li>1. Court mandated community service.</li><li>2. Service hours where a family member is verifying the completed hours.</li><li>3. An activity where there is no responsible adult to evaluate and confirm student performance.</li><li>4. Donations such as Locks of Love.</li><li>5. Participation on a sports team or a performance of any kind unless participation is considered an act of service.</li></ol> <p>I verify that my service hours do not fall in any of the above categories. _____</p> <p style="text-align: center;">Student Signature</p>	<p>If you are doing PAID WORK hours, the following will not count.</p> <ol style="list-style-type: none"><li>1. Work hours where a family member is verifying the completed hours.</li></ol> <p>I verify that my work hours do not fall in any of the above categories. _____</p> <p style="text-align: center;">Student Signature</p>
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Please describe what you will be doing with this agency/business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Agency/Business: \_\_\_\_\_

Name of Contact at Agency/Business: \_\_\_\_\_ Phone Number of Agency/Business: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Office Use Only – To be completed by PCSB Staff**

Is this proposal approved? \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_

High School Service/Paid Work Designee

Date

**High School Service/Paid Work Designee - Please place the original in the student's cumulative record and give the student a copy.**