PINELLAS COUNTY SCHOOLS

BRIGHT FUTURES COMMUNITY SERVICE LOG AND REFLECTION FORM

Hours must be completed by graduation. Form must be completed in its entirety. Incomplete forms will not be accepted. Forms should be turned in after student has completed hours with the agency or met the required number of hours for Bright Futures.

Name: _____ Date of Birth: _____

District Student Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Graduation Year: _____

Date of Activity	Hours Logged	Date of Activity	Hours Logged

(Add additional logs as needed) Total Hours _____

Florida Bright Futures Community Service Requirements:
FL Academic Scholar : 100 Hours FL Medallion Scholar : 75 Hours FL Gold Seal Vocational Scholar : 30 Hours

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

I attest that the above named student has performed the above hours of Community Service for a total of _____ hours. These hours were completed beginning on _____ and ending on _____ .
Date Date

_____ _____
Agency Contact's Signature Date

Category A
CC # 5580

PINELLAS COUNTY SCHOOLS

BRIGHT FUTURES COMMUNITY SERVICE LOG AND REFLECTION FORM

Please describe below what you learned from your community service experience.

_____

_____

_____

_____

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_____

_____

By signing below, I understand that this is not the application for Bright Futures Scholarships, and that students must complete the Initial Student Florida Financial Aid Application (FFAA) during their last year of high school.

I also understand that Community Service is only one of the requirements for Bright Futures. To find out how to qualify for a Bright Futures Scholarship, I will go to *www.FloridaStudentFinancialAid.org/SSFAD/bf* to review the requirements.

_____ _____

Student's Signature Date

OFFICE USE ONLY: To be completed by PCSB personnel only.

Signature below verifies that the log of hours and student evaluation/reflection paper (PCS Form 2-2602-3) have been received and approved.

Signature: _____ Date of Completion: _____

High School Community Service Designee

Signature: _____ Number of hours entered in Focus _____

Hours entered by

Date entered: _____

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