SUMTER 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.FloridaStudentFinancialAidSG.org* to review the requirements.

_____ _____
Student's Signature Date

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

Signature below verifies that the log of hours and student evaluation/reflection paper have been received and approved.

Signature:_____ Date of Completion:_____
High School Community Service Designee

Signature:_____ Number of hours entered in Skyward _____
Hours entered by

Date entered:_____

High School Community Service Designee – Please keep a copy and give the student a copy for his/her records.

SUMTER 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. Students must complete separate forms for each agency.

Name: _____ Date of Birth: _____

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

High School: _____ Name of Agency: _____

Date of Activity (Each day must be listed separately)	Hours Logged	Date of Activity (Each day must be listed separately)	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

SUMTER COUNTY SCHOOLS

BRIGHT FUTURES PAID WORK HOURS 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. Students must complete separate forms for each agency.

Name: _____ Date of Birth: _____

District Student Number: __ __ __ __ __ __ __ __ __ __ Graduation Year: _____

High School: _____ Name of Agency: _____

Date of Activity (Each day must be listed separately)	Hours Logged	Date of Activity (Each day must be listed separately)	Hours Logged

(Add additional logs as needed) Total Hours _____

Florida Bright Futures Paid Work Hours Requirements:
FL Academic Scholar : 100 Hours FL Medallion Scholar : 100 Hours FL Gold Seal Vocational Scholar : 100 Hours

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

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

_____ _____
Agency Contact's Signature Date

SUMTER COUNTY SCHOOLS

BRIGHT FUTURES PAID WORK LOG AND REFLECTION FORM

Please describe below what you learned from your work 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.FloridaStudentFinancialAidSG.org* to review the requirements.

_____ _____

Student's Signature Date

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

Signature below verifies that the log of hours and student evaluation/reflection paper have been received and approved.

Signature: _____ Date of Completion: _____

High School Community Service Designee

Signature: _____ Number of hours entered in Skyward _____

Hours entered by

Date entered: _____

High School Community Service Designee – Please keep a copy and give the student a copy for his/her records.