

For office use only			
Hours received Date			
Hours entered by			
Total hours earned to date			

Bright Futures Community Service Proposal

Name		Date		
Student #	High Sch	nool 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):		Is the service for the sole benefit of a religious house of worship and/or its congregation?		
Abuse	Health	Will you be fostering animals?		
Animals	Homelessness	Is the activity required for one of your classes?		
Education	Hunger	Are you donating an item like blood, hair, or canned food?		
Elderly	Poverty	Will the hours be submitted after your graduation?		
Environment	Other:	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?		
the completion community ser Seal Vocationa performed, and Contact indicat requirement of be submitted graduation da	at this proposal to participate in corn of documented community service requirement of the Florida Acadal Scholars Award and Gold Seal documentation are the responsibiles that the student has presented an athe Bright Futures Scholarship Programment by the school's graduation date the even if earned prior to graduation	mmunity service is entirely voluntary on my part and the cerelated to this proposal can be used to satisfy addemic Scholarship, Florida Medallion Scholarship, Golarship, Golars	the old ces ice ST	
*A parent/guardia:	n cannot represent as a service agency			
Student Signatu	ıre	Date		
High School Co	Date			