

Bright Futures Community Service Proposal

Name _____ Date _____

Student # _____ High School _____ 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?	
	Is the service for the sole benefit of a religious house of worship and/or its congregation?	
	Will you be fostering animals?	
	Is the activity required for one of your classes?	
	Are you donating an item like blood, hair, or canned food?	
	Will the hours be submitted after your graduation?	
	Will a leader or responsible adult (not parent/guardian) with the <u>organization</u> be on site to evaluate and confirm student performance?	

What social issue(s) will your activity address?
(circle all that apply):

Abuse	Health
Animals	Homelessness
Education	Hunger
Elderly	Poverty
Environment	Other:

Keep copies for your records of all documentation.

I understand that this proposal to participate in community service is entirely voluntary on my part and that the completion of documented community service related to this proposal can be used to satisfy the community service requirement of the Florida Academic Scholarship, Florida Medallion Scholarship and Gold Seal Vocational Scholars Award. Selection of the organization, services performed, and documentation are the responsibility of the student. Signature of the Community Service Contact indicates that the student has presented an appropriate social issue for meeting the community service requirement of the Bright Futures Scholarship Program. **All community service hour documentation MUST be submitted by the school's graduation date. Any community service hours submitted after the graduation date even if earned prior to graduation will not be accepted. No Exceptions.**

*A parent/guardian cannot represent as a service agency

Student Signature

Date

High School Community Service Contact Signature

Date

Hillsborough County Public Schools Record of Community Service Hours

Name _____ Graduation Date _____

Student# _____ High School _____

*The student must submit a proposal to the Community Service Contact at the school site before beginning any project.
It is the responsibility of the student to keep the actual record of the hours of service performed.*

Total Hours _____

All community service hour documentation **MUST** be submitted by the school's graduation date. Any community service hours submitted after the graduation date even if earned prior to graduation will not be accepted. No exceptions.

Date	Start/End Time of Activity	Hours Logged	Community Service Location	Service Agency Phone #	*Signature of Service Agency Contact

*A parent/guardian cannot represent as a service agency

I agree that I have performed the above hours.

Student Signature

Date

High School Community Service Contact Signature

Date