## UNITED FOR EVERY STUDENT TO SUCCEED

30 East Texar Dr., Pensacola, FL 32503 P. 850 432 6121 • F. 850 469 6379

escambiaschools.org



Date

#### BRIGHT FUTURES COMMUNITY SERVICE PROPOSAL

Student Name:	Student Number: Graduation Year:				
Students must earn either the requir work hours are used, the total must company, organization, or business.	equal 100 hours regardless of the s	scholarship. Service hour	f both. If a combination of community service <b>AND</b> paid s/paid work hours must be completed with an agency,		
Scholarship	Community Service Hours Required	Paid Work Hours Required	Combination of Community Service and Paid Work Hours Required		
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		
8. Is this activity participation on a 9. Are you donating an item like blo 10. Will the hours be submitted afte 11. Will a leader or responsible adu *Answering "Yes" to any questic  I verify that if using community or a combination thereof, I will s read and understood the community service/paid work hour documents.	redit for this service work? (excludes ports team or a performance of an cood, hair, or canned food? et your graduation? It (not parent/guardian) with the or on 1-10 renders the proposed common team of the coopies for your reconservice hours, my hours do not fall the ubmit a record of those work hours ity service/paid work hours requirentation MUST be submitted by	ding credit earned through by kind?  rganization be on site to enunity service activity now the categories on agency letterhead. Some the school's graduation through the school's graduation			
Student Signature			Date		
Parent Signature			Date		

High School Counselor Signature

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### BRIGHT FUTURES COMMUNITY SERVICE/PAID WORK REFLECTION

This form must be completed and attached to the Bright Futures Community Service/Paid Work Log

Student Name	ID#	Grade
Agency Name		
Agency Address		
Agency Contact(s)		
Agency Telephone		
Type of Activity		
Reflect on your Community Service/Paid Work you helped; what you liked and/or disliked abo		at yourself and the people
		(1)200
Waifingtion of Community Sourieg/Baid Work		
Verification of Community Service/Paid Work Student Signature	Date	
Parent Signature	Date	
upervisor's Signature	Date	
Counselor's Signature	Date Recei	ved
		ed

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### BRIGHT FUTURES COMMUNITY SERVICE/PAID WORK LOG

Student Name	ID#				
DATE	ACTIVITY	HOURS	SUPERVISOR		
			<u> </u>		
	TOTAL	TIME			
	TOTAL	TIME			