PINELLAS COUNTY SCHOOLS

BRIGHT FUTURES VOLUNTEER SERVICE/PAID WORK LOG AND REFLECTION FORM

Forms must be completed in their entirety. Students must complete separate forms for each location.

Name: _____

Local ID Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Graduation Year: _____

High School: _____ Name of Agency/Business: _____

These hours are (circle one): VOLUNTEER SERVICE HOURS PAID WORK HOURS

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 _____

Scholarship	Volunteer Service Hours Required	Paid Work Hours Required
Florida Academic Scholarship (FAS)	100	100
Florida Medallion Scholarship (FMS)	75	100
Gold Seal CAPE (GSC)	30	100
Gold Seal Vocational (GSV)	30	100

_____ _____

Student's Signature Date

_____ _____

Parent's Signature Date

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

_____ _____

Agency/Business Contact's Signature Date

PINELLAS COUNTY SCHOOLS

BRIGHT FUTURES SERVICE/PAIDWORK LOG AND REFLECTION FORM

Please describe below what you learned from your service/work experience.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 service/work hours are 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 staff.

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 Service/Paid Work Designee

Signature: _____ Number of hours entered in Focus _____

Hours entered by

Date entered: _____

High School Service/Paidwork Designee – Please place the original in the student's cumulative record and give the student.