



SCHOOL DISTRICT OF OSCEOLA COUNTY
BRIGHT FUTURES COMMUNITY SERVICE REFLECTION FORM



Student Name: _____ Date of Birth: _____

District Student Number: _____ Graduation Year: _____

Please describe below what you learned from your community service experience.

By signing below, I indicate that I understand that this is NOT the application for the Bright Futures Scholarships. Students must complete the initial student Florida Financial Aid Application (FFAA) during their last year of high school. Community Service is only one of the requirements for Bright Futures Scholarships. To find out how to qualify for a Bright Futures scholarship, go to www.floridastudentfinancialaid.org/SSFAD.bf

Student Signature

Date