

## SCHOOL DISTRICT OF OSCEOLA COUNTY BRIGHT FUTURES COMMUNITY SERVICE LOG FORM



tudent Name:		Date of Birth:		
District Student Number:		Gra	duation Year:	
ligh School:				
Date of Activity	Hours Logged	Date of Activity	Но	urs Logged
	_			
Add additional logs as needed)			TOTAL HOUR	S
lorida Bright Futures Community Se	rvice Hour Requirements: F	L Academic Scholar – 100 💢 FL Meda	allion Scholar – 75	FL Gold Seal – 30
Name of Agency		Agency Phone Number		
Agency Contact Name	Age	ency Contact Signature		Date
Student Signature		Parent Signature		
ignature below verifies that the log	of hours and student evaluation/re	eflection documentation have been re	eceived and approv	ved.
ignature:			Date:	
High School (	Community Service Designee			
Students shou		rvice Designee – File & retain form. Irm that has been signed by the agenc	cy for their records	
		idents must complete the initial student Fl olarship, go to www.floridastudentfinancia		pplication (FFAA) during
For Off	ice Use Only:	Prior Hours:		

Date Entered in Focus: \_\_\_\_\_ Hours Added: \_\_\_\_\_

Total Hours:

Initials of Data Entry Person: \_\_\_\_\_



## 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.	
	for the Drinkt Future Cabalanahine Chudout
By signing below, I indicate that I understand that this is NOT the application must complete the initial student Florida Financial Aid Application (FFAA) duri	
Service is only one of the requirements for Bright Futures Scholarships. To fir scholarship, go to <a href="https://www.floridastudentfinancialaid.org/SSFAD.bf">www.floridastudentfinancialaid.org/SSFAD.bf</a>	nd out how to qualify for a Bright Futures
scholarship, go to <u>www.jioriaastaaentjihantialala.org/ssFAD.bj</u>	
Student Signature	 Date