

Bright Futures Community Service or Paid Work Log and Reflection Form

Forms must be completed in entirety. Students must complete separate forms for each location and type of service (community service or paid work)

Student Name:		 	HPA ID: Date:	
Student Grade Lev	/el:			
	Service hours/paid wo	nber of community service, paid ork hours must be completed w	d work hours, or the combination ith an agency, company,	
These hours are (c	circle one): COMMU	NITY SERVICE HOURS	PAID WORK HOURS	
work must be repo		minute increments. It is the stu	ent's community service or paid dent's responsibility to maintain	
Date of Activity	Hours Logged	Activity completed/Task Pe	rformed	
(Add additional log	s if necessary)			
Total number of co	mmunity service/paid v	vork hours with this organizatio	n:	
Name of Organizat	tion:			
I attest that the aboundary.	ove named student has	performed the above hours of	service/work for a total of	
Supervisor Signatu	ıre:		_ Date:	
Student Signature:			_ Date:	
Parent Signature:			Date:	



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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 understand that service/work hours must be submitted to my school counselor before high school graduation.
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 https://www.floridastudentfinancialaidsg.org/SAPBFMAIN/SAPBFMAIN to review the requirements.
Student Signature: Date:
Once hours are completed, please submit this form (both pages) to your HPA school counselor.