



## Bright Futures Community Service or Paid Work Approval 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: \_\_\_\_\_ Focus ID: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Students must complete the required number of community service, paid work hours, or the combination of 100 total hours. Service hours/paid work hours must be completed with an agency, company, organization, or business.

Scholarship	Community Service Hours Required	Paid Work Hours Required	Combination of Community Service/Paid Work Hours
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

<p>If you are doing COMMUNITY SERVICE hours, the following service hours will not count:</p> <ol style="list-style-type: none"> <li>1. Court-mandated community service.</li> <li>2. Family-related activities or service to family members.</li> <li>3. An activity where there is no responsible adult to evaluate and confirm student performance.</li> <li>4. Donations or fundraisers.</li> <li>5. Service for the sole benefit of a religious house of worship and/or its congregation.</li> <li>6. Other unapproved activities listed in the FVHS Community Service Handbook.</li> </ol> <p>I verify that my service hours do not fall in any of the above categories. Student Initial: _____</p>	<p>If you are doing PAID WORK hours, the following will not count:</p> <ol style="list-style-type: none"> <li>1. Work hours where a family member is verifying the completed hours.</li> <li>2. Work hours that are not able to be verified by a W-2 Statement or paystub.</li> </ol> <p>I verify that my work hours do not fall in any of the above categories. Student Initial: _____</p>
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I will be completing (circle one): **COMMUNITY SERVICE HOURS**      **PAID WORK HOURS**

Briefly describe your community service or paid work experience: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Assistant Principal Signature: \_\_\_\_\_