

LCSB Verification of Community Service Performed in Grades 9-12

for the Florida Bright Futures Scholarship Program

(submit completed log to high school guidance counselor)

Student Name: _____ Student Number: _____ Graduation Year: _____

Date of Service (Beg-End)	Number of Hours	Type of Volunteer Work (activity or task performed)	Site of Volunteer Work	Verifier Name (PRINT)	Verifier's Signature	Verifying Phone Number
TOTAL VOLUNTEER HOURS.....						→

If additional space is need, please use the back of this form.