Community Service Log
Bright Futures Scholarship

Name: _____ Home Phone: _____

Home Address: _____ Zip: _____

Expected Graduation Date: _____ School: _____

Record of Hours

This section is to be filled in each time service is completed and verified by the Agency Supervisor

Date	Time In	Time Out	Hours Served	Agency	Title & Signature of Supervisor

It is the student's responsibility to maintain the verification of community service hours form and submit a copy to guidance at the end of each semester.

I verify that this log is a true and accurate record of my voluntary community service.

Students Signature _____ **Date Submitted** _____