Cornerstone Classical Academy - Bright Futures Community Service Hours Log

Student Name: Student Number:							
Date of	Total #	Description of	Site of Volunteer	Name of Verifier	Verifier's Signature	Verifying	
Activity	Hours	Work	Work			Phone #	
				4.44			
				2000			
				33/53			
			SICOR	NERS I C)NE(
TOTAL HOURS _							
Student Signature				NO ONE	Parent Signature		
Signature	below veri	fies that the log of h	ours and student evalu	ation/reflection documen	ntation have been received and	l approved.	
Signature: Date: Date:							
		C	,				
High Scho	ool Comm	unity Service Design	iee – File & retain form	n.			
Students s	should kee _l	p a copy of the com	pleted form that has b	een signed by the agency	for their records.		
				arships. Students must comp go to www.floridastudentfinanciala	plete the initial application during aid.org/SSF.AD.bf	g their last year of	
		For Office Use Only:			Prior Hours:		
	Date Entered in Focus:				urs Added:	_	
Initials of Data Entry Person				Tot	Total House:		