APPROVED SITE OF COMMUNITY SERVICE: _____
APPROVED SERVICE: _____
HSCS Program Manager Approval: _____ Approval Date: _____

RECORD OF APPROVED COMMUNITY SERVICE HOURS

Student Name: _____ Student N#: _____
High School: Sarasota High School _____ Year of Graduation: _____

DATE OF ACTIVITY	AGENCY/PLACE OF COMMUNITY SERVICE	COMMUNITY SERVICE ACTIVITY	NUMBER OF HOURS WORKED	SIGNATURE OF PROJECT SUPERVISOR

TOTAL HOURS REPORTED ON FORM: _____

I have performed the above approved community service hours required for High School Community Service credit and/or for the Bright Futures Scholarship Award.

_____ _____
Signature of Student *Date*

_____ _____
Signature of Parent *Date*