COLLEGIATE HIGH SCHOOL
AT
NORTHWEST FLORIDA
STATE COLLEGE

FLORIDA ACADEMIC SCHOLARS' CERTIFICATE

RECORD OF COMMUNITY SERVICE HOURS

NAME:_____ SOCIAL SECURITY NUMBER_____

HIGH SCHOOL:_____GRADUATION YEAR:_____

STUDENT'S ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____ PHONE: _____

Date of Activity	Agency/Place of Activity	Nature of Activity	Number of Hours Worked	Signature of Project Supervisor

TOTAL HOURS REPORTED ON FORM:_____

I attest that I have performed the above listed hours toward the completion of 100 hours of community service for the Bright Futures Florida Academic Scholars Program, or 75 hours for the Bright Futures Merit Scholars Program.

_____ _____

Signature of Student Date Signature of Parent/Guardian Date