SEACOAST COLLEGIATE HIGH SCHOOL

Florida Academic Scholars' Certificate
Record of Community Service Hours

SEASIDE NEIGHBORHOOD SCHOOL

Name:_____Student Number_____

School Name:_____Graduation Year_____

Student's Address:_____

City:_____State:_____Zip Code:_____Phone:_____

Date of Activity	Agency/Place of Activity	Nature of Activity	Number of hours worked	Name of Project Supervisor	Signature of Project Supervisor

Total Hours Reported on Form_____

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

_____ _____

Student Signature Date Parent Signature Date