Bright Futures Scholarship

Community Service Hours Log

Cocoa High School

Name: ____ Year of Graduation: _______________

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

Date of Service	Start Time	End Time	Hours to be Entered**	Agency per Accepted Proposal	Signature & Title

TOTAL HOURS:	

** Hours must be listed by whole or half hour increments

Student Signature: ________________________________ Date Submitted: _______________

Date Received: Date Approved: Initials: