

For Office Use Only
Hours Received _____
Date Entered _____



FOUNDATION ACADEMY

COMMUNITY SERVICE

Name _____ Graduation Year _____ Date _____

Organization where hours were performed: _____

Answer yes (Y) or no (N) to all of the following questions relating to your service hours:	Y/N
Are you performing the activity for a family member (parents, grandparents, siblings, aunts, uncles, cousins, nieces, nephews, and spouses, including all step relations)?	
Will you be compensated either financially or with some other material benefit?	
Does the activity take place during school hours?	
Is the activity required for one of your classes?	
Is the activity mandated by school administration or court ordered?	

Please note: If you answered yes to any of the above questions, the hours served do not count towards high school graduation requirements or the Bright Futures Scholarship Program.

Please provide details of the service performed in the space below. List each day worked on a separate line. Use the back for additional days if needed.

Date Service Performed	Hours Per Day	Description of Service Performed

Name of Supervisor: _____ Contact email: _____

Signature of supervisor: _____ Total Hours Worked _____
(This form will not be accepted if signed by a parent or legal guardian)

All community service documentation must be submitted in the school year in which the service was performed.

All documentation must be submitted by the following deadlines in order to be counted:

- Hours served over summer due by the quarter 1 progress report
- Hours served during 1st semester due before you leave for Christmas break
- Hours served during 2nd semester due by the end of April

