Park Vista Community High School
Bright Futures Scholarship
Paid Work Hours Log

Name:_____ Student Number:_____

Grade:_____ Student Phone:_____ Parent Phone:_____

The hours listed below are paid work hours.

Date	Number of Hours Worked	Place of Employment	Title/Signature of Supervisor and Phone Number	Task Performed (Brief Explanation)
Total Hours				

Student Statement. I understand that:

- **It is my responsibility to maintain this log of hours.**
- **I may only earn hours after a Work Plan Form has been completed and reviewed.**
- **I may only earn hours for Bright Futures in Grades 9-12.**

I verify that this log is a true and accurate record of my paid work hours.

Student Signature: _____

Parent Signature: _____

Date Submitted _____