William T. Dwyer High School

Work Hours Log for Bright Futures Scholarship Program

Scan this QR Code to Submit Your Completed Form.

STUDENT NAME: _____

YEAR OF GRADUATION: _____

CONTACT PHONE # _____

STUDENT NUMBER: _____

DATE SUBMITTED: _____

DATE	TIME IN	TIME OUT	HOURS SERVED	ORGANIZATION OR BUSINESS	SERVICE PERFORMED	AUTHORIZED SIGNATURE*	

TOTAL HOURS _____

*Hours must be **SIGNED** by an Authorized agent of the Organization served.
KEEP A COPY FOR YOUR RECORDS

Student's Signature:_____ **Parent's Signature** _____

UPLOAD COMPLETED FORM TO WEBSITE