

**Florida Bright Futures Scholarship Program  
Religious or Service Obligation Reporting Form**

**Instructions:** All students are required to complete each section below. For Section B, however, provide the required information with respect to documenting a Religious OR Government service obligation.

**Section A: Student Information** – Required information to identify applicant

Name (First, Middle Initial, Last): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender (F/M): \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Section B:** Required information for those documenting a Religious OR Government service obligation

**Religious** Service Organization: Employer Identification Number (EIN): \_\_\_\_\_  
(Number assigned by the IRS to qualifying non-profit organizations)

Employer/Organization Name: \_\_\_\_\_  
(As registered with the IRS)

City: \_\_\_\_\_ State: \_\_\_\_\_

**Government** Service Organization: Peace Corps: \_\_\_ AmeriCorps: \_\_\_ Other (*please specify*): \_\_\_\_\_  
(Check the applicable type of government service)

**Section C:** Duration and Description of Service Obligation Performed

Service Begin Date (MM/DD/YYYY): \_\_\_\_\_

Service End Date (MM/DD/YYYY): \_\_\_\_\_

Description of Service Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section D: Authorizations** (Employer/Authorized Designee is responsible for the accuracy of the information provided on this form)

Student Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_  
(or Authorized Designee)

Organization of Employer: \_\_\_\_\_

Position with Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_