Florida Department of Education Office of Student Financial Assistance

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 <u>Religious</u> OR <u>Government</u> service obligation.

Name (First, Middle Initial, Last):	Date of Birth (MM/DD/YYYY):
Gender (F/M): Phone Numb	er: E-mail Address:
Section B: Required information f	or those documenting a <u>Religious</u> OR <u>Government</u> service obligation
Religious Service Organization:	Employer Identification Number (EIN):
	Employer/Organization Name:(As registered with the IRS)
	City: State:
Government Service Organization (Check the applicable type of government serv	: Peace Corps: AmeriCorps: Other (please specify):
Section C: Duration and Description	on of Service Obligation Performed
* War and the second of the se	
Service Begin Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY):	
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY): Description of Service Performed:	=hrs)
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY): Description of Service Performed:	Authorized Designee is responsible for the accuracy of the information provided on this form
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 Date (MM/DD/YYYY):
Service Begin Date (MM/DD/YYYY): Service End Date (MM/DD/YYYY): Description of Service Performed: Section D: Authorizations (Employer/ Student Signature: Employer Signature: or Authorized Designee)	Authorized Designee is responsible for the accuracy of the information provided on this form Date (MM/DD/YYYY):

Form RSOR-01 Effective 03/24/2016