RICHMOND BRANCH BCRMTA

2010 COMMUNITY SERVICE SCHOLARSHIP APPLICATION FORM

NAME OF STUDENT: _____

TEACHER'S NAME: _____ _____ _____
PRINT NAME SIGNATURE DATE

TEACHERS PHONE NUMBER:_____

TOTAL HOURS OF COMMUNITY SERVICE _____

Name of Person/Organization Served _____

Phone number: _____

State volunteer dates: From _____ To _____

Number of hours served: _____

Description of Volunteer Activity:
_____
_____
_____
_____

Confirmation by Organizer in Charge: _____
PRINT NAME and STATE TITLE

_____ _____
SIGNATURE DATE

DEADLINE IS FEBRUARY 6, 2010

Photocopies of this application form are permissible.

MAIL TO: RICHMOND BRANCH COMMUNITY SERVICE SCHOLARSHIPS 2010
PO BOX 39502 BROADMOOR POST OFFICE RICHMOND, BC V7A 5G9

Revised June 2009