RICHMOND BRANCH BCRMTA

2012 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 3, 2012

Photocopies of this application form are permissible.

MAIL TO: RICHMOND BRANCH COMMUNITY SERVICE SCHOLARSHIPS 2012
PO BOX 39502 BROADMOOR POST OFFICE RICHMOND, BC V7A 5G9