

**RICHMOND BRANCH BCRMTA**

**ANNUAL COMMUNITY SERVICE SCHOLARSHIPS 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 7, 2018**

Photocopies of this application form are permissible.

**MAIL TO: RICHMOND BRANCH ANNUAL COMMUNITY SERVICE SCHOLARSHIPS  
POBOX 39502, BROADMOOR POST OFFICE RICHMOND, BC V7A 5G9**