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 March 8th, 2019

Photocopies of this application form are permissible.

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