

Community Service Bursary

Organization Registration Form (Please print)

Registration Date: _____
Name of Organization: _____
Mailing Address: _____

Contact Person: _____
Phone: _____
Fax: _____
Email: _____

Are there any special requirements for your volunteers? (age, training)

Please provide a detailed explanation about the nature of the volunteer work.

Volunteer Coordinator (or equivalent) for the Organization:

Printed Name

Signature

Date

Please return this form by mail, email or fax to:

Student Financial Services
Department of Workforce and Advanced Learning
Atlantic Technology Centre, 176 Great George St., Suite 212
PO Box 2000, Charlottetown, PE C1A 7N8
studentloan@gov.pe.ca
Phone (902) 368-4640 Fax (902) 368-6144

Personal Information on this form is collected under subsection 32(2) of Prince Edward Island's Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c.F-15.01 and will be used for the purpose of Organization Registration with the Community Service Bursary Program. If you have any questions about this collection of personal information, you may contact the Financial Grants Officer at Student Financial Services, (902) 368-4640.