

Assignment Saving Lives

BURSARY PROGRAM

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME TELEPHONE: _____ ALTERNATE PHONE: _____

Best time(s) to be contacted: _____

E-MAIL (Please print clearly): _____

CURRENT SCHOOL & GRADE/ PROGRAM: _____

Post-Secondary School you plan to attend: _____

HOW DID YOU FIND OUT ABOUT THIS PROGRAM? _____

Applications will be accepted until **July 14, 2012**. Please submit the application by mail, email, or fax to:

A Canadian Blood Service Representative will be contacting you soon. If you have not heard from us in two weeks please contact us to confirm we received your registration. Thank you and good luck!



Canadian Blood Services
it's in you to give