



Community Investment Advisor
 Syncrude Canada Ltd.
 P.O. Bag 4023, MD 1000
 Fort McMurray, Alberta
 T9H 3H5

Telephone: (780) 790-6356

Employee Community Service Grant – Application

*Please Note: Grants are awarded on a first-come, first-served basis upon receipt of a duly completed application. While every effort will be made to expedite requests, response or approval of the grant may take from four to six weeks following receipt of a complete application and any necessary attachments. Syncrude Canada Ltd. shall determine the interpretation, application and administration of this program, which can be suspended, revised or terminated at any time, and its decision shall be final. **Due to year end processing, please submit your application on or before November 30th.***

Employee Applicant Information	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Name:	Employee No.:
Home Mailing Address:	Postal Code:
Work Address (Mail Drop):	
Telephone - Home:	Telephone - Work:
Hire Date:	Retired Date (if Applicable):
E-mail:	How long have you volunteered with this group?
Manager or Team Leader Name/Mail Drop	
Organization Information	
Organization Name:	
Mailing Address:	Postal Code:
Daytime Telephone:	E-mail:
Contact Name:	Title:
Is the organization registered as a Charitable Organization under the Canada Income Tax Act? Yes No	
Charitable Registration No.	
Non-Profit: Yes: No:	What year was the organization founded?
Other: (Specify)	
Description of project/purpose for requesting grant? (Be specific)	

Signature of Applicant: _____

Date: _____

Employee Community Service Grant – Organization Declaration

Organization Declaration: (Please check all that apply)

1. We confirm that Name of Volunteer is currently a volunteer actively involved in our organization and has been so for a minimum of 40 Hours or one year.
2. If a charitable organization, we have included our registered charitable number or evidence thereof.
3. We are a registered Canadian amateur athletic association, or qualified non-profit organization or a Canadian public or separate elementary or high school.

On behalf of Name of Organization, I certify to the best of our knowledge that the information contained in this application is accurate.

Name: _____ Title: _____

Signature: _____ Date: _____

Please ensure that the application form is **complete**, including two signature (applicant/senior official) and the applicable attachments, and forward to:

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