

# THE ROYAL CANADIAN LEGION

Cobequid Branch # 72  
Great Village, NS B0M 1L0

## BURSARY APPLICATION

*Completed application including all requested documents must be received no later than April 30<sup>th</sup>. The decision of the Bursary Committee is final.*

### **SECTION 1: Student Information**

- Print clearly or type all information requested.
- You must reside in Nova Scotia and be a Canadian Citizen.

### **SECTION 2: Post-Secondary Institution Information**

- Provide the name and address of the post-secondary institution you will be attending.
- Bursaries are awarded to students attending facilities on a full time basis.
- \$500.00 bursaries are awarded to successful applicants.

### **SECTION 3: Financial Information**

- This section must be completed.

### **SECTION 4: Military Service Information**

- Veterans, Service men/women, etc., must have been in the Canadian or British Commonwealth Forces.

### **PLEASE NOTE:**

- Bursaries are awarded on a point system that is based on financial need, with special consideration given to children of Veterans.
- Letter of Acceptance from the post-secondary institution must accompany this application.
- All documentation to be included.
- Ensure that the application is signed in the appropriate places.
- Incomplete applications will not be considered – no follow-up will be taken.
- Please include a letter, written by the student, outlining your educational aims and objectives, as well as a list of your extra-curricular activities. Application will not be accepted if this information is not included.
- Completed applications and all necessary documentation must be mailed or hand delivered (no faxes) to:

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**NOTE:** *Only successful applicants will be notified by letter with further instructions for bursary presentation. Cheques will be made payable in both the applicants name and the post-secondary institutions name.*

## **BURSARY APPLICATION**

(PLEASE PRINT CLEARLY GIVING **ALL** INFORMATION REQUESTED)

### **SECTION 1 – Student Information**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address if not living at home while attending school:

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

### **SECTION 2 – Post-Secondary Institution Information**

School Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Course of Study you intend to follow: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ROYAL CANADIAN LEGION

Cobequid Branch # 72, Great Village NS B0M 1L0

## BURSARY APPLICATION

Application Deadline is April 30<sup>th</sup>

*This bursary has been designed to further immediate post-secondary education in compliance with the donor and is applicable to first year applicants only. The decision of the Bursary Committee is final.*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a parent/legal guardian or a grandparent who is/was a veteran of WW I, WW II, Korean or Gulf War? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Veteran: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you have a parent/legal guardian or a grandparent who is a member of the Royal Canadian Legion or Ladies Auxiliary? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name and Number of Branch: \_\_\_\_\_

College/University applied to: \_\_\_\_\_

Has your application been accepted at this time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Program of Study: \_\_\_\_\_

*Many of the bursaries are based on financial need. Should you wish to be considered for this bursary please complete the following section and include a copy of the summary page of your parent's most recent income tax return. Choosing not to fill in this section will disqualify you from being considered for this bursary. Please note that this information will remain strictly confidential. Only successful applicants will be notified by letter with further instructions for bursary presentations. Cheques will be made payable in both the applicants name and the post-secondary institution name.*

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income: \_\_\_\_\_

# of Siblings: \_\_\_\_\_ # of Siblings attending a post-secondary institution: \_\_\_\_\_

*I confirm that the information provided above is complete and accurate to the best of my knowledge and I hereby authorize the release of any relevant information to the Royal Canadian Legion by the Principal of my school.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – Financial Information – (MUST BE COMPLETED)**

(If Depended):

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

# of persons supported by this income: \_\_\_\_\_ Ages: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(If Self Supporting)

Please state personal Income, including spouse: (If applicable) \$ \_\_\_\_\_

Have you, or will you, receive any other bursaries? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state amounts: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION 4 – Military Service Information**

Full Name: \_\_\_\_\_

Relationship: Parent: \_\_\_\_\_ Grandparent: \_\_\_\_\_

Service # if available: \_\_\_\_\_

Check as applicable: WWI: \_\_\_\_\_ WWII: \_\_\_\_\_ Korea: \_\_\_\_\_ Gulf: \_\_\_\_\_ Regular: \_\_\_\_\_

Is/was either of your Parents or Grandparents ever a member of the Legion or Ladies Auxiliary:

Parents: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Grandparents: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Name of the nearest Legion in your area: \_\_\_\_\_

Signature of Applicant that all information is correct: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_