



THE ROYAL CANADIAN LEGION, BRANCH 233

Box 141, 7 John Street

Orangeville, ON

L9W 2Z5

Tel: 519-942-2077 or 519-942-4895

NAME OF STUDENT _____

HOME ADDRESS _____

TELEPHONE # _____ **E-MAIL** _____

DATE OF BIRTH _____ **S.I.N. #** _____

UNIVERSITY/COLLEGE ATTENDING _____

ADDRESS OF UNIVERSITY/COLLEGE _____

ELIGIBILITY CRITERIA((Relation to Legion Member(s)

(a) _____

(b) _____

(c) _____

(d) _____

FINANCIAL INFORMATION

Scholarship or Bursaries received for this academic year: _____

Student's Income (if any) \$ _____

Estimated School Expenses for Academic Year \$ _____

Parent's Total Yearly Income \$ _____

ADDITIONAL INFORMATION (to assist Committee make a decision)

I understand that a copy of my application with all the information (personal or otherwise) pertaining to my request would be accessible only to members of the Bursary Committee(s) dealing with Bursary awards. I also understand that communication with my family may be sought to clarify information in order to process my application properly. However, this information may only be discussed with members of that committee, again with the specific purpose of providing financial assistance towards my education supplement request.

Please note: A copy of your high school transcript must be attached to the application and a copy of your Acceptance letter from the University or College you are attending.

Signature of Applicant

Date

SECTION A:

1. **SOCIAL INSURANCE NUMBER** _____

PLEASE PRINT: APPLICANT'S

1. **NAME IN FULL** _____ **D.O.B.** _____

RESIDENTIAL ADDRESS WHILE IN SCHOOL _____

CITY OR TOWN _____ **POSTAL CODE** _____

PRINCIPAL HOME ADDRESS: _____

TELEPHONE NO. _____

2. **PERSONAL STATUS:** **Single** ____ **Married** ____ (**# of Dependents**) ____ **Other** _____

Single Parent ____ **Divorced** ____ **Widow/Widower** _____

3. **EDUCATION OR TRAINING LEVEL WHICH PROVIDES FOR ADMISSION TO UNIVERSITY/COLLEGE:**

Secondary School Attended _____ **Graduation Date** _____

Mature Student _____

Other: _____ **Explain, giving details:** _____

4. **UNIVERSITY/COLLEGE ATTENDING:** _____

Address _____

COURSE OR PROGRAM REGISTERED IN: _____

LENGTH OF COURSE:(Please state number of years) _____ **or weeks** _____

YEAR YOU ARE REGISTERED IN: (circle) 1st 2nd 3rd 4th 5th

DEGREE, DIPLOMA OR CERTIFICATE YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM _____

5. **ESTIMATED EXPENSE FOR ACADEMIC/VOCATIONAL YEAR(in Canadian funds)**

TUITION FEE \$ _____ **per school year(Sept.-Aug.)** **BOOKS \$** _____

TOOLS/INSTRUMENTS/LAP TOP \$ _____ **ROOM AND BOARD \$** _____

TRANSPORTATION \$ _____

TOTAL EXPENSES \$ _____

6. FINANCIAL RESOURCES:

Have you applied for the Ontario Student Assistant Program (OSAP) Yes ___ No ___

Amount of approved loan \$ _____

If you have been refused assistance from OSAP or you are ineligible to apply, you must provide a letter from OSAP confirming your ineligibility.

Have you applied for the Ontario Command Legion Bursary in the past? If so, indicate year _____

**Students changing courses will not be considered for assistance under the Bursary Program.*

7. AWARDS, SCHOLARSHIPS & BURSARIES RECEIVED:

Name of Scholarship _____ Amount \$ _____

Name of Bursary _____ Amount \$ _____

8. THIS SECTION MUST BE COMPLETED IN DETAIL BY THE APPLICANT

Total number of dependents residing at home _____

Number of dependent children attending Post-Secondary School _____

Combined gross income of parents for the previous year(all sources) \$ _____

Student's income if single (from all sources) \$ _____

Student's combined income if a married student from all sources \$ _____

Student's total assets (bonds, securities, cash in bank, etc.) \$ _____

9. ADDITIONAL INFORMATION RELATED TO THIS APPLICATION THAT YOU FEEL IS IMPORTANT (To be completed by the student. Should you require more space, please attach an additional sheet with your name and address at the top).

3.

SECTION B: IS APPLICABLE ONLY TO THE DEPENDENT OF AN EX-SERVICE PERSON WHO IS NOT A MEMBER OF THE LEGION. A PHOTO COPY OF THE WAR VETERAN'S SERVICE PAPERS MUST BE ATTACHED TO THIS APPLICATION.

NAME OF APPLICANT _____ NAME OF PARENT(if applicable) _____

SERVICE NUMBER _____ UNIT SERVED WITH _____

DATE OF ENLISTMENT _____ DATE OF DISCHARGE _____

DATE DECEASED _____

OR

NAME OF APPLICANT _____

NAME OF GRANDPARENT _____

SERVICE NUMBER _____ UNIT SERVED WITH _____

DATE OF ENLISTMENT _____ DATE OF DISCHARGE _____

DATE DECEASED _____