**THE ROYAL CANADIAN LEGION**

**BRANCH 109 AND LADIES’ AUXILIARY BURSARIES**



**REGULATIONS REGARDING BURSARY ASSISTANCE**

1. The Royal Canadian Legion, Branch 109, offers bursaries each year up to but not exceeding $1250.00 each, to be awarded to secondary school graduates entering educational institutions in accordance with Item 2.
2. Bursaries will be allowed in any course leading to a degree/diploma at any publicly funded University or College, and any other institution in the Province of similar standing. If you are selected to receive a bursary, you will receive an amount up to $1250.00 and may make application in subsequent years, providing you meet the qualifying guidelines and making satisfactory progress in the initial course of study you have selected. Post-graduate programs (Masters) are not eligible.
3. Application: Forms are available at the Royal Canadian Legion – Branch 109. Once completed, the form can either be hand delivered or mailed to the attention of Chair, Bursary Committee, The Royal Canadian Legion – Branch 109, 56 Kingston Street, Goderich, ON N7A 3K4. ***Please note that the deadline to get your application in is March 31*.**
4. Selection: To be eligible for the Bursary program, the recipient will be a student who graduates from a secondary school in the current school year or a mature student who is accepted into a prescribed educational institution and verification of same provided. All selections will be made by the Branch Bursary Committee of Branch 109, The Royal Canadian Legion, whose decision will be final.
5. Eligibility:
	1. Veterans, their children and grandchildren.
	2. Ordinary and life members of The Royal Canadian Legion, their children and grandchildren.
	3. Associate members of the Royal Canadian Legion, their children and grandchildren. 4) Ladies’ Auxiliary members, their children and grandchildren.
6. Applicants will be advised if they have been successful.
7. It is essential that ALL questions be answered, and answered CLEARLY by the applicant.
8. Bursaries are awarded based on financial need, not academic standing or scholarship.

Revised 2023-12-28

# APPLICATION FOR BURSARY ASSISTANCE

1. Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Local or home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. City/town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code \_\_\_\_\_\_\_\_\_\_\_\_ Tel. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Category of eligibility (circle)
	1. Veterans, their children and grandchildren;
	2. Ordinary member of the Legion, their children and grandchildren;
	3. Associate members of the Legion, their children and grandchildren;
	4. Ladies’ Auxiliary members, their children and grandchildren.
6. Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Course or program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Name of university, college, school or association which offers this course or program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /1st /2nd /3rd /4th year (circle)

1. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Length of education or training period: Years \_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_ Weeks \_\_\_\_\_\_\_\_\_\_
3. Identify the degree, diploma or certificate you will receive on successful completion of the program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Basic educational or training level which provides for your admission to this course or program:
	1. Secondary school graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_
	2. Mature student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Explain, giving details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Personal Status: Single \_\_\_\_ Married \_\_\_\_\_ Single Parent \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

 Single - dependent on parents \_\_\_\_\_\_No. of dependents: \_\_\_\_\_\_\_

1. Estimated expenses for academic/vocational year:

 Total tuition fee per year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tools or instruments (apprentices only) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residence/room & board $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (specify) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Financial resources: **Application will be considered to be invalid unless OSAP information is shown in detail.** If more space is required, please attach additional sheet(s).
	1. Ontario Student Assistance Program (OSAP) applied for: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount of approved loan: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students are required to make application to OSAP in order to be considered for the program. If you have not applied for OSAP or have been refused assistance, please attach OSAP assessment.

* 1. Employment or training benefits in current year: Yes \_\_\_\_ No \_\_\_\_

 Amount and period of benefits $ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c) Name and year of previously received scholarship(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_

* 1. Name and year of previously received bursary(ies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_

* 1. Summer employment in current year: Yes \_\_\_\_ No \_\_\_\_ Earnings $ \_\_\_\_\_\_\_\_\_ Mark N/A if none of the above are applicable.
1. If you are applying as a mature student you must include your gross income and that of your spouse if married. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. a) For dependent applicants living at home - gross combined income of parents for the previous year

(all sources) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Gross combined income of applicant and spouse if a married student (all sources) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ b) Student’s gross assets (bonds, securities, cash in bank, etc.) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Number of dependents residing at home: \_\_\_\_\_\_\_\_
	2. Number of dependent children attending a post-secondary school of education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Additional information related to this application which you feel is important: (e.g. Parental disabilities, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Give names and addresses of two persons willing to act as character references for you. (No letters are required from them at the time of making application. If they are required they will be requested later.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CATEGORY OF ELIGIBILITY

Veteran’s child or grandchild (veteran: ex-service person, non-Legion member – attach a photocopy of service papers to this application)

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deceased \_\_\_\_\_\_\_\_\_\_\_\_

Address of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Military service number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Service: (month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year) \_\_\_\_\_\_ to (month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year) \_\_\_\_\_\_\_ If not a veteran, check one of the following and provide details.

( \_\_\_\_ ) Ordinary member’s child or grandchild

( \_\_\_\_ ) Associate member’s child or grandchild

( \_\_\_\_ ) Ladies’ Auxiliary member’s child or grandchild

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/grandparent : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ladies’ Auxiliary: \_\_\_\_\_\_\_\_\_\_\_\_

Branch address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION BY BRANCH OR LADIES’ AUXILIARY SECRETARY:**

I hereby certify that Comrade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a member in good standing.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_

Secretary’s name and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature)

NOTE: Application to be completed prior to its submission to the Awards Officer or Registrar at the university/community college for their endorsement.

## COLLEGE OR UNIVERSITY AWARDS OFFICER OR VOCATIONAL OR APPRENTICESHIP COMMITTEE ENDORSEMENT

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in (name of course) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(year enrolled in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_

Name and signature of Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) Establishment seal or stamp

 An official letter from the registrar of the chosen institution verifying enrolment would be acceptable.

## DO NOT SUBMIT THIS APPLICATION UNLESS COMPLETED IN DETAIL