



**ROYAL CANADIAN LEGION
POPPY COMMITTEE SOMME BR#31**

NOVA SCOTIA/NUNAVUT COMMAND
54 KING STREET, DARTMOUTH, N.S., B2Y 2R5 TEL. 463-1050, FAX 463-0950

Bursary Application Information

Bursaries are available to students whose parents or grandparents meet one of the following criteria: ex-service personnel of the Canadian Armed Forces, ex-service personnel who served on Class C Reserve Service, were Merchant Navy personnel who were awarded campaign stars or decorations, ex-service personnel of Commonwealth countries who are now resident in Canada, or ex-service personnel of allied countries who are now resident in Canada. Bursaries may be awarded at any stage of a college or university program. A bursary is given for need, unlike a scholarship, which is awarded for scholastic achievement. Applicants may receive bursaries or scholarships up to \$1,500.00 and still be eligible for Legion Bursaries. All applications will be judged under the guidelines of the Royal Canadian Legion Poppy Manual dated May 2018.

Application Requirements: Incomplete applications will not be processed and the applicant eliminated from Bursary consideration.

- 1) Applications are to be forwarded to: Bursary Chairman, c/o Somme Branch #31, 54 King Street, Dartmouth, N.S., B2Y 2R5, prior to May 1, 2020.
- 2) Applications must be supported by proof of a parent's or grandparent's service.
- 3) Application must contain a statement of applicant's education goals and how they plan on or are financing this undertaking.
- 4) Applicants must supply reference letters from a guidance counsellor and at least one teacher as to academic performance and character.
- 5) Applicants must have a certified transcript of student marks.
- 6) Applicants are responsible for obtaining and forwarding all application requirements.

*****It is strongly recommended that applicants review completed applications with their guidance counsellor prior to forwarding to Legion Bursary Chairman.**

BURSARY APPLICATION

(Please print clearly giving all information requested)

| | | |
|-------------------------------------------------------------|------------|--------------------------|
| SECTION I - Student Information | | |
| Full Name | | |
| Home Address | | |
| | | |
| | | |
| Telephone #: | Fax #: | e-mail: |
| Your Mailing Address if not living at home while in school: | | |
| | | |
| | | |
| | | |
| Date of Birth: | Day: _____ | Month: _____ Year: _____ |
| High School Attended: | | |
| Date of Graduation: | | |

| | | |
|-----------------------------------------------------------------------|--|--|
| SECTION II - College/University Information | | |
| School Name: | | |
| Campus: | | |
| Address | | |
| | | |
| | | |
| Phone #: | | |
| What Year will you be in? 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ | | |
| Course of Studies you plan to follow | | |

| | |
|---------------------------------------------------------------------------------------------------------|---------------------|
| SECTION III - Financial Information (MUST BE COMPLETED) | |
| If Dependant: Father's Name: _____ | |
| Occupation: _____ | Gross Income: _____ |
| Mother's Name: _____ | |
| Occupation: _____ | Gross Income: _____ |
| Number of persons supported by this income: _____ | |
| Ages: _____ | |
| If Self Supporting: State personal income (including spouse): _____ | |
| If living in a single parent home, list income alimony and support payments of supporting parent: _____ | |
| Were you successful in applying for student loan/grant? | |
| Yes: _____ | No: _____ |
| If yes, what amount? _____ | |
| Have you or will you receive any other bursaries? Yes: _____ No: _____ | |
| If so, please state amount(s): _____ | |

SECTION IV - Military Service Information

Full Name of Military Personnel Applying Under: _____
Parent: _____ Grandparent: _____

Service # if available: _____

Check as applicable: WWI _____ WWII _____ Korea _____ Gulf _____ Afghanistan _____
Regular Forces _____ RCMP _____ Other _____

Is Veteran's Assistance or Disability Pension involved? Yes _____ No _____
If Yes, please state nature of disability: _____

Is/was either of your Parents or Grandparents ever a member of the Legion or Ladies
Auxillary? Parents: Yes _____ No _____
If Yes, which Branch _____
Grandparents: Yes _____ No _____
If Yes, which Branch _____

Name of nearest Legion in your area _____

Signature of Applicant that all information is correct:

Signature of Parent or Gaurdian:
