



THE ROYAL CANADIAN LEGION ONTARIO  
KANATA BRANCH 638  
POPPY TRUST FUND  
BURSARY ASSISTANCE PROGRAM 2018



**RATIONALE:** The Bursary Program is designed to assist students entering or continuing their post-secondary education, including courses and programs of a technical and vocational nature, outside of and beyond secondary school. Approved bursary assistance is not based upon scholastic standing but rather on the successful admission status to a post-secondary institution or successful completion of one or more years leading to a recognized degree, diploma or certificate.

**ASSISTANCE:** Students applying for assistance may be granted a bursary based on documented need at a rate determined by the Branch Bursary Committee.  
Indentured apprentices may apply for assistance for the purchase of tools and instruments.

**ELIGIBILITY:** Bursaries may be granted to children, grandchildren and great grandchildren of any of the listed below.

1. Any person who is serving or who has honorably served in the Canadian Forces;
2. Merchant Navy personnel who are eligible for and who have been awarded campaign stars or decorations, and their dependents who are in need of assistance;
3. Ex-service personnel of commonwealth countries, other than Canada and of allied countries, resident in Canada.
4. Applicants who have graduated from or reside in the Kanata Area are given priority in the application process. Consideration is given to students who do not reside in the Kanata area, on the condition that funding is available.
5. Applicants must also commit to participating in our Poppy Campaign and volunteer for a two hour shift. If you are unable to participate then you can have someone substitute on your behalf. The Campaign runs from the last Friday of October to November 10<sup>th</sup> of each year.

**APPLICATION:** Applications are available from: **Kanata Branch 638**  
**Royal Canadian Legion**  
**70 Hines Road, Kanata, Ontario**  
**K2K 2M5**

1. If the application form is received without the proper information and endorsements, it will not be considered
2. All applications must be submitted by June 1st for the coming academic year, September – August
3. The Royal Canadian Legion reserves the right to authenticate all information pertaining to the application during the adjudication process
4. After adjudication applicants will be notified by mail. Adjudication by the Royal Canadian Legion is final and may not be appealed

**STUDENT RESPONSIBILITY:**

1. It is the student's responsibility to complete and mail this application directly to the above address, Attention Bursary Committee.
2. **PROOF OF RESIDENCE** that the student resides in Kanata, ie driver's license, correspondence with your name and address from any Federal, Provincial or Municipal agency.
3. **PROOF OF ACCEPTANCE** - TO and tuition being PAID, from the post-secondary institution.

**APPLICATIONS MUST BE RETURNED TO THE LEGION NO LATER THAN:  
JUNE 1st, 2018 FOR THE UPCOMING ACADEMIC YEAR, SEPTEMBER TO AUGUST**

Mailing Address:  
The Royal Canadian Legion  
Kanata Branch 638  
70 Hines Road, Kanata, Ontario  
K2K 2M5  
Phone: (613) 591-5570

(CONFIDENTIAL WHEN COMPLETED)

Fax: (613) 591-1527

<http://www.kanatabr638.ca>

## APPLICATION FOR BURSARY

### SECTION A

PLEASE PRINT:                      APPLICANT'S              DATE OF BIRTH: D: \_\_\_\_ M: \_\_\_\_ Y: \_\_\_\_

1. NAME IN FULL: \_\_\_\_\_  
PRINCIPAL HOME ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
CITY OR TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
RESIDENCE SCHOOL ADDRESS: \_\_\_\_\_ CELL. NO. \_\_\_\_\_  
EMAIL: \_\_\_\_\_

2. PERSONAL STATUS: SINGLE \_\_\_\_ MARRIED \_\_\_\_ # OF DEPENDENTS \_\_\_\_ OTHER: \_\_\_\_  
SINGLE PARENT \_\_\_\_ DIVORCED \_\_\_\_ WIDOW/WIDOWER \_\_\_\_

3. EDUCATION OR TRAINING LEVEL WHICH LED TO ADMISSION TO UNIVERSITY/COLLEGE  
Secondary School attended: \_\_\_\_\_ Graduation Date: D: \_\_\_\_ M: \_\_\_\_ Y: \_\_\_\_  
Mature Student: \_\_\_\_\_  
Other: \_\_\_\_ Explain, giving details: \_\_\_\_\_

4. UNIVERSITY, COLLEGE, SCHOOL OR ASSOCIATION ATTENDING:

ADDRESS: \_\_\_\_\_  
COURSE OR PROGRAM REGISTERED IN: \_\_\_\_\_  
UNIVERSITY OR COLLEGE STUDENT NUMBER: \_\_\_\_\_  
LENGTH OF COURSE: (please state number of) Years: \_\_\_\_ Months: \_\_\_\_ or weeks: \_\_\_\_  
YEAR YOU ARE REGISTERED IN: (CIRCLE) Year    1st    2nd    3rd    4th    5th  
DEGREE, DIPLOMA OR CERTIFICATE YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM:  
\_\_\_\_\_  
\_\_\_\_\_

5. ESTIMATED EXPENSES FOR ACADEMIC / VOCATIONAL YEAR (In Canadian funds): per school year (Sept.-Aug.)

TUITION FEES \$ \_\_\_\_\_  
BOOKS \$ \_\_\_\_\_  
TOOLS - INSTRUMENTS - LAP TOP \$ \_\_\_\_\_  
ROOM & BOARD \$ \_\_\_\_\_  
TRANSPORTATION \$ \_\_\_\_\_  
  
TOTAL EXPENSES: \$ \_\_\_\_\_

(CONFIDENTIAL WHEN COMPLETED)

6. FINANCIAL RESOURCES:

Have you applied for ONTARIO STUDENT ASSISTANCE PROGRAM (OSAP) (YES OR NO)? \_\_\_  
Amount of approved loan: \_\_\_\_\_

ADDITIONAL INFORMATION related to this application that you feel is important. (To be completed by student. Should more space be required please use the reverse).

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

**SECTION B:**

THIS SECTION IS APPLICABLE ONLY TO SERVING MEMBERS, EX-SERVICE MEMBERS, OR TO DEPENDANTS OF AN EX-SERVICE PERSON WHO IS NOT A LEGION MEMBER. **A PHOTOCOPY OF APPROPRIATE DOCUMENTS ATTESTING TO FORMER MILITARY SERVICE MUST BE ATTACHED TO THIS APPLICATION.**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF PARENT, GRANDPARENT or GREAT – GRANDPARENT (as applicable)  
\_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_

UNIT SERVED WITH DATE OF ENLISTMENT \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

**SECTION C:** (To be completed by the Branch)

BRANCH OR LADIES' AUXILIARY MEMBERSHIP - Mark an X in one of the following:

Ordinary Member \_\_\_\_\_ Member's Son or Daughter \_\_\_\_\_  
Eligible Associate Member \_\_\_\_\_ Member's Grandchild \_\_\_\_\_  
Eligible Life Member \_\_\_\_\_ Member's Great Grandchild \_\_\_\_\_  
Eligible Ladies' Auxiliary Member \_\_\_\_\_

APPLICANT'S NAME (Print): \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

BRANCH No: \_\_\_\_\_ BRANCH ADDRESS (in full): \_\_\_\_\_  
\_\_\_\_\_

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

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Printed Authorized Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

