



Royal Canadian Legion

300 McCLELLAN AVE., KENORA, ONTARIO P9N 1A8 • PHONE 807-468-8192 • FAX 807-468-3059

NAME: _____

Currently Attending: _____ School

ROYAL CANADIAN LEGION BRANCH #12 BURSARY APPLICATION

Kenora Branch #12 of the Royal Canadian Legion awards bursaries of \$500 each. Some of the bursaries are from the Poppy Fund and are given to applicants with a direct relationship to a veteran. (Child, Grandchild or Great Grandchild—must supply discharge # and Unit #, the more information provided the better chances of being chosen)

The other Bursaries will consider first—applications related to a veteran, second—applicants related to a Legion Member and finally, applicants from the general public.

Applicants graduating from Beaver Brae Secondary School and St. Thomas Aquinas High School are considered for the bursaries.

GENERAL REGULATIONS

1. Approved bursary assistance is not based upon scholastic standing, but rather on financial need and successful postsecondary admission status.
2. Bursary money in the amount of \$500 for each bursary, will be forwarded to applicant, when they indicate they are continuing their postsecondary education, including courses and programs of a Technical and Vocational nature. A letter from the learning institution or copy of registration fees paid, is required as proof of intent. This Proof of intent must include the School's signature and seal.
3. All fully completed applications will be forwarded by the Schools to the Branch 12 Legion Office, 300 McClellan Avenue, Kenora on or before May 31st.
4. Incomplete applications will not receive consideration from the Awards Committee.

THE BURSARY COMMITTEE KEEPS THE INFORMATION SUPPLIED IN THIS APPLICATION IN THE STRICTEST CONFIDENCE.

D. THIS SECTION TO BE COMPLETED ONLY BY MARRIED APPLICANTS:

Circle Status:

Working Full-Time Working Part-Time Unemployed
 Part-Time Student Full-Time Student

Spouse's Estimated Gross Income
 During Academic Year: _____

Number of Children: _____ Ages: _____

Child Care Costs During Academic Year: _____

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**E. ONLY FOR SEPARATED, WIDOWED, AND/OR SINGLE-PARENT APPLICANTS.**

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Annual Income from full-time and/or part-time work by applicant's parents: \_\_\_\_\_

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F. APPLICANT'S FINANCIAL DATA FOR UP-COMING YEAR:

<u>REVENUE</u>		<u>EXPENSES</u> (Estimated costs: September to end of academic year)	
Summer Earnings: (Include All Income Sources)	\$ _____	Tuition Fees:	\$ _____
Previous Savings:	\$ _____	Book costs:	\$ _____
Awards:	\$ _____	Rent:	\$ _____
OTHER, including UIC, Welfare, etc.	\$ _____	Transportation:	\$ _____
		Child Care:	\$ _____
		Incidentals:	\$ _____
		Automobile Costs:	\$ _____
		Other:	\$ _____
TOTAL:	\$ _____	TOTAL:	\$ _____

G. Do you own a motor vehicle? Yes () No ()

If yes: Year: _____ Make: _____ Model: _____

State reasons for needing vehicle: _____

H. Is an essay or statement attached? Yes () No ()

The Bursary Committee recommends attaching a brief statement of your academic achievements and future goals.

If you are not attaching an essay, please provide a brief statement of how this bursary will contribute to the achievement of your future goals.

DATE

SIGNATURE