



ROYAL CANADIAN LEGION, BRANCH 17 THOROLD
MEMORIAL BURSARY ASSISTANCE
(High School Application)

SECTION A APPLICATION FOR BURSARY ASSISTANCE CONFIDENTIAL

APPLICANT DETAILS (please print or type)

Student's Full Name: _____ Date of Birth (MM/DD/YYYY): _____

Principal Home Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

University, college, school or association attending: _____

Program registered in: _____

FINANCIAL DETAILS

Applicant's grand total of all expenses for the year (September to April): \$ _____

Have you applied for the Ontario Student Assistance Program (OSAP) OR equivalent? YES [] NO []

NOTE: APPLICANTS MUST PRINT A COPY OF THEIR OSAP APPLICATION DATA ON FILE AND OSAP FUNDING SUMMARY

Have you received a Bursary from any Legion Branch in the past 5 years? YES [] NO []

If so, indicate in what year(s) and Branch(es): _____

Amount of OSAP Loans (which must be repaid): \$ _____ Amount of OSAP Grants: \$ _____

OTHER SCHOLARSHIPS & BURSARIES RECEIVED (if Applicable):

Name of Scholarship/Bursary: _____ Amount: \$ _____

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Students may still qualify for this bursary if they have been refused assistance from OSAP or are ineligible to apply. Please provide the Application Data on File and Status Summary confirming your ineligibility Students completing a program through continuing or distance education maybe considered for the Bursary Program.

Combined net income (line 23600 of tax return) of the parent(s)/guardian(s) from the previous year (DO NOT COMPLETE IF YOU ARE A MATURE STUDENT) \$ _____

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

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

Student's total locked in assets (bonds, securities, RRSP, RESP etc.) \$ _____

Student's cash in the bank \$ _____

ADDITIONAL INFORMATION PERTAINING TO STUDENT NEED

To be completed by student. Please provide any information related to this application that is important in assisting the committee with your application, including special conditions, family circumstances, accessibility issues, etc. Should more space be required please attach an additional sheet with your name and address at the top:

ACKNOWLEDGEMENT

I understand that a copy of my application and its contents (personal or otherwise) will be accessible only to members of the Bursary Committee(s) dealing with bursary awards. I also understand that communication with my family may be necessary to clarify information in order to process my application. This information may only be discussed with the members of that committee, with a specific purpose of providing financial assistance towards my education supplement request.

By checking this box, you authorize your parent(s)/guardian(s) to inquire and communicate on your behalf regarding the status of this application.

Signature of Student: _____ Date: _____

ELIGIBILITY (MUST BE VERIFIED BY BRANCH OR PROOF WILL BE REQUIRED)

- Active Service or Ex-Service Member
 - Spouse or surviving spouse of Veteran
 - Child of Veteran
 - Grandchild of Veteran
 - Great-Grandchild of Veteran
- OR Legion Member or child/grandchild of Member

**To be completed by the post-secondary institution. OR
Alternatively, applicants may attach proof of enrollment when submitting this application.**

I CERTIFY THAT (name): _____, IS ENROLLED AT

NAME OF UNIVERSITY/ COLLEGE: _____ PROVINCE: _____

NAME OF PROGRAM: _____ YEAR(S) ENROLLED: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED PRINT NAME: _____