



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

CONFIDENTIAL

SECTION A: Personal Information (PLEASE PRINT)

• **STUDENT INFORMATION**

FULL NAME: _____ DATE OF BIRTH: d _____ m _____ y _____

PRINCIPAL

HOME ADDRESS: _____ APT: _____

CITY OR TOWN: _____ POSTAL CODE: _____

TEL: _____ EMAIL: _____

RESIDENCE

SCHOOL ADDRESS: _____ APT: _____

CITY OR TOWN: _____ POSTAL CODE: _____

• **EDUCATION OR TRAINING LEVEL WHICH PROVIDES FOR ADMISSION TO UNIVERSITY/COLLEGE**

SECONDARY SCHOOL: _____ DATE OF GRAD: d _____ m _____ y _____

MATURE STUDENT: _____

OTHER: _____ EXPLAIN, giving details: _____

• **UNIVERSITY, COLLEGE, SCHOOL OR ASSOCIATION ATTENDING: _____**

ADDRESS: _____

COURSE or PROGRAM REGISTERED IN: _____

UNIVERSITY or COLLEGE STUDENT NO: _____

LENGTH OF PROGRAM: YEARS _____ MONTHS _____ or WEEKS _____

YEAR YOU ARE REGISTERED IN: 1st 2nd 3rd 4th 5th

DEGREE, DIPLOMA OR CERTIFICATE YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM:

• **ESTIMATED EXPENSES FOR ACADEMIC/VOCATIONAL YEAR per school year (Sep-Aug) (Canadian funds):**

TUITION FEES: \$ _____

ROOM & BOARD: \$ _____

BOOKS: \$ _____

TRANSPORTATION \$ _____

TOOLS/LAPTOP/ETC.: \$ _____

OTHER EXPENSES \$ _____

TOTAL EXPENSES: \$ _____

• **FINANCIAL RESOURCES:**

Have you applied for the Ontario Student Assistance Program (OSAP)? YES NO

How do you expect your educational expenses to be paid? _____

(A) By parents: _____ (B) By applicant: _____

Awards (specify): _____

Summer employment: _____

Other sources of income (RESP, etc.): _____

Where will you be living during your university/college study period?

With parents/family In institution residence Other: _____

Is attendance at university/college dependent on financial assistance from other than family? If yes explain:

• **THIS SECTION MUST BE COMPLETED IN DETAIL BY THE STUDENT**

Total number of siblings residing at home (not including the student): _____

Number of sibling children attending Post-Secondary School: _____

Parent(s) Marital Status:

Married or Common Law Divorced Separated Widowed Single

Has parent or grandparent served in Canadian Armed Forces? (if yes fill out last page) Yes No

• **TO BE COMPLETED BY PARENT(S) OR GUARDIAN (This information is treated in strict confidence)**

Statement of Parent/Guardian with respect to financial ability to pay in whole/part for education of student.

Mother/Guardian occupation: _____

Place of employment (include address): _____

Total Yearly Income: \$ _____ Other: \$ _____

Father/Guardian occupation: _____

Place of employment (include address): _____

Total Yearly Income: \$ _____ Other: \$ _____

The above information is true in all respects to the best of our knowledge.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

SECTION C: Personal Portfolio

Briefly comment on your community involvement and what was its significance or impact on your community:

Briefly discuss your extra-curricular participation during your high school career and the experiences you have gained from your involvement. Comment on any leadership roles you have held:

Briefly state your goals relating to your university/college studies and long-term career objectives:

SECTION D: PRINCIPAL’S REPORT

Name of the applicant: _____

Number of years this applicant has attended this school: _____

The principal will give below, a summary of applicant’s capabilities, aptitudes, character, health and need of financial assistance:

Opinion as to likelihood of success in proposed course of study:

Signature of Principal: _____

Dated: _____

Name of School: _____

SECTION B:

THIS SECTION IS APPLICABLE ONLY TO THE CHILD/GRANDCHILD/GREAT-GRANDCHILD OF CANADIAN AND COMMONWEALTH WAR VETERAN WHO IS DECEASED OR NOT A LEGION MEMBER.

A PHOTOCOPY OF THE WAR VETERAN'S SERVICE PAPERS MUST BE ATTACHED TO THIS APPLICATION.

NAME OF PARENT/GRANDPARENT: _____

DATE OF BIRTH: _____

SERVICE NUMBER: _____

DATE OF ENLISTMENT: _____

DATE OF DISCHARGE: _____

DATE DECEASED: _____