



**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:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

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 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:

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

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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: \_\_\_\_\_