



THE ROYAL CANADIAN LEGION ONTARIO
BARRHAVEN BRANCH 641
POPPY TRUST FUND
BURSARY ASSISTANCE PROGRAM

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 spouses, 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 Armed Forces;
2. Merchant Navy personnel;
3. Ex-service personnel of commonwealth countries, other than Canada and of allied countries, resident in Canada;
4. Life Members, Ordinary Members, Associate Members of the Royal Canadian Legion and Ladies' Auxiliary.
5. Note: Applicants who are members of Branch 641 or their eligible relatives and/or who have graduated from or reside in the Barrhaven Area are given priority in the application process. Consideration is given to applicants who do not reside in the Barrhaven area, on the condition that funding is available and we ask that branch 641 Barrhaven is the only local branch they apply to for support.

APPLICATION: The bursary program is open from 1 September through 31 October for the current academic year.

Applications are available from: www.rcl641.ca or in person at the branch

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 the 31 October deadline for current 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.
5. All bursaries awarded will be sent to the educational institution on behalf of the recipient. A copy of the letter sent to the institution will be mailed to the recipient.

STUDENT RESPONSIBILITY:

1. It is the student's responsibility to complete and mail, or deliver in person, this application directly to the above address, Attention Bursary Committee.
2. **PROOF OF RESIDENCE** that the student resides in Barrhaven, 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. **SELECTION :**

1. Confirmation of eligibility;
2. Evidence of need of financial assistance;
3. Supporting evidence of interest and ability to complete post-secondary education;
4. Evidence of integrity, initiative, ambition and industry;
5. Knowledge and understanding of The Royal Canadian Legion if a research essay or interview is requested.

APPLICATIONS MUST BE RETURNED TO BRANCH 641 in person or by mail at:

Royal Canadian Legion Branch 641 Barrhaven
3A- 3500 Fallowfield Rd. Nepean, ON K2J 4A7

EMAILED/SCANNED/FAXED APPLICATIONS WILL NOT BE ACCEPTED. PLEASE MAIL ORIGINAL.

(CONFIDENTIAL WHEN COMPLETED)

Phone: (613) 843-8691

<http://rcl641.ca/youth.html>

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: _____

0. PERSONAL STATUS: SINGLE _____ MARRIED _____ # OF DEPENDENTS _____ OTHER: _____
SINGLE PARENT _____ DIVORCED _____ WIDOW/WIDOWER _____

2. 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: _____

3. 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:

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

TUITION FEES \$ _____
BOOKS \$ _____
TOOLS - INSTRUMENTS - LAP TOPS \$ _____
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: _____

7. Have you received a Legion Bursary in the past? (5 years maximum).If so, indicate in what year(s)

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 _____

"OR"

SECTION C:

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

Ordinary Member _____ Member's Spouse, 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):

(To be completed by the Branch)

I certify that _____ is a current member in good standing.

AUTHORIZED SIGNATURE: _____ TITLE:

Printed Authorized Signature: _____ DATE: _____

