

ROYAL CANADIAN LEGION

1. KELOWNA BRANCH 26

BURSARIES APPLICATION

PREFERENCE

To be given to those related to ex-service personnel.
Other applicants may also be considered.

APPLICATION FORMS MUST BE RETURNED TO:

ROYAL CANADIAN LEGION

1380 BERTRAM STREET
KELOWNA, B.C. V1Y 2G1

Via

Canada Post

Email – bursaries@rclbr26.ca

COMPLETED APPLICATIONS MUST BE RECEIVED NOT LATER THAN
APRIL 30TH.

APPLICATIONS AT STUDENT COUNSELOR'S OFFICE

Or

ON THE ROYAL CANADIAN LEGION BRANCH #26 WEBSITE: www.RCLBR26.ca

Phone: (250) 762 – 4117

INFORMATION

1. IT IS THE RESPONSIBILITY OF THE APPLICANT to fully and properly complete the application to ensure that **all** related items are submitted to the Legion Branch #26 office by the deadline date. Upon receipt of the application, the applicant will be contacted by a Legion representative to arrange a personal interview.
2. Applicant **must provide a statement from, for example, a teacher, school principal, professor or education administrator** attesting to the applicant's character and scholastic ability.
3. An applicant **must provide a concise statement about their educational goals** or objectives and of their expected degree or professional qualification/certification.
4. Although others may be considered, preference will be given to the sons and daughters, grandchildren, and great grandchildren of Veterans.
5. Bursaries will be awarded to students planning to attend or are attending university, a regional college or to attend an approved school for vocational or technical training in the province of British Columbia.
6. Our awards may be used outside B.C. only if there are extenuating circumstances such as availability of courses or living arrangements.
7. Applications will be accepted from qualified persons living within a 25 km radius of the Royal Canadian Legion Branch 26. Others may be considered if they have previously received a bursary and have found a way to help with the Poppy Campaign.
8. Recipients of \$1,000 bursaries are expected to help with the Poppy Campaign.
9. The funds expended for these bursaries are generated by our Poppy Campaign and Benevolent Fund activities.

APPLICATION FORM (Please Print Clearly)

SECTION 1 – STUDENT INFORMATION

Name of Applicant: _____ Signature: _____

Home Address: _____
(Street) (Town/City) (Postal Code)

Home Telephone No. _____ Male Female

Date of Birth: ____ / ____ / ____ Email address: _____
dd /mm / yyyy

YOUR MAILING ADDRESS IF NOT LIVING AT HOME WHILE AT SCHOOL:

(Street) (Town/City) (Postal Code)

SECTION II – HIGH SCHOOL, COLLEGE, UNIVERSITY AND EDUCATION INFORMATION

1. School Attended This Past Year: _____

2. At the time of application, what school year are you taking? _____

3. What College, University or Institution will you be attending:

NAME: _____

CAMPUS: _____

ADDRESS: _____
(Street) (Town/City) (Postal Code)

PHONE: _____

4. College/University Student # _____

WHAT YEAR WILL YOU BE IN? FIRST SECOND
THIRD FOURTH

COURSE ENROLLED IN: _____

SECTION III– MILITARY SERVICE INFORMATION

FULL NAME: _____

PARENT: GRANDPARENT: GREAT GRANDPARENT:

SERVICE#: _____

ENLISTMENT DATE: _____ WWI _____

DISCHARGE DATE: _____ WWII _____

KOREA _____

**ATTACH CONFIRMING DOCUMENTS
OR COPIES (**VERY IMPORTANT**)**

REGULAR _____

OTHER _____

(check above as applicable)

SECTION IV–FINANCIAL INFORMATION (do not fill in if self-supporting)

IF DEPENDENT:

FATHER'S NAME: _____

OCCUPATION: _____

MOTHER'S NAME: _____

OCCUPATION: _____

FAMILY NET INCOME: UNDER \$50,000 OVER \$50,000

NOTE: Declare income from all sources, using amounts shown in last year's income tax return. If a disability pensioner, give particulars, including amount of pension.

IF SELF SUPPORTING:

Is applicant: Single Married (equivalent)

Number of Dependents: _____

Family Income: UNDER \$50,000 OVER \$50,000

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Is the applicant applying for a Government Loan or Grant? _____

Has the applicant previously applied for a Legion Bursary? _____

If so, state the years of application _____

Was or were Bursaries awarded? _____ Total Bursaries awarded _____

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IMPORTANT: APPLICATIONS WHICH ARE NOT FULLY COMPLETED
MAY BE REJECTED

I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONCERNING
INCOME AND MILITARY SERVICE IS CORRECT

(Signature of Applicant)

DATE _____ / _____ / _____

dd /mm /yyyy

APPLICANTS WILL BE CONTACTED BY PHONE TO ARRANGE AN INTERVIEW
WITH THE BURSARY COMMITTEE