



British Columbia/Yukon
Command

BURSARY APPLICATION FORM

INFORMATION FOR APPLICANTS

Prior to completing this application form, please ensure you have carefully reviewed the *Bursary Application Form Instructions*. Contact your local Legion branch if you have any questions.

Section I – Student Information					
Surname			Given Name(s)		
Current home address					
Number	Street	Apt.	City	Province/Territory	Postal code
Mailing address (if different from current home address)					
Number	Street	Apt.	City	Province/Territory	Postal code
Email Address			Phone Number		

Section II – Post Secondary Institution Information					
Name of Post Secondary Institution					
Campus (if applicable)			Phone Number		
Address					
Number	Street	Apt.	City	Province/Territory	Postal code
Are you currently registered at this institution?			If no, when will you be registered? (Month/Year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<hr/>		
Have you previously received a Legion Bursary?			If yes, from which Branch and when?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<hr/>		

Section III – Financial Information**A** | To be completed if you are a dependant living with parent(s)/guardian(s)

Family Taxable Income: \$ _____

Number of people in the household _____

*Please bring a copy of your family's Canada Revenue Agency Notice of Assessment from the previous taxation year. This will be reviewed by the Legion Interviewer to confirm family taxable income and will be returned to the applicant.***B** | To be completed if you are living on your own or have dependants

Family Taxable Income: \$ _____

Number of dependants in your household _____

*Please bring a copy of your family's Canada Revenue Agency Notice of Assessment from the previous taxation year. This will be reviewed by the Legion Interviewer to confirm family taxable income and will be returned to the applicant.***C** | To be completed by all applicants

Income & Resources	
Employment Income	\$ _____
RESP Income	\$ _____
Parents' Contribution	\$ _____
Taxable Government Grants	\$ _____
Total Income	\$ _____

Section IV – Military Service Information

Surname

Given Name(s)

Identify relationship to applicant

- Parent
 Grandparent
 Great-Grandparent
 Spouse

CAF Service # _____

RCMP Service # _____

- Supporting documents provided
 (eg. service record, discharge paperwork)

Section V – Confirmation

Signature of Applicant

Date (YYYY-MM-DD)