

**DECLARATION OF APPLICANT**

Having read the instructions, I declare that:

I am making application for the Ladies' Auxiliary Bursary.

I have answered all questions applicable to me and that all information given is true and complete.

I accept that, in many award decisions, there is some subjectivity involved because qualitative aspects are being considered among students with varying personal circumstances.

Further to the provisions of the Freedom of Information and Protection Privacy Act, I give permission to the Ladies' Auxiliary to verify the following disclosures/exchanges of personal information to determine my eligibility and/or suitability (academic and/or behavioral and/or financial) for my intended award as part of the review and administration of my application.

I accept that a normal part of the Bursary Program is the release of selected information about awards recipients, including myself, of an identifying nature (e.g. name, program, hometown and photograph) to the media as part of the process of community relations of the Ladies' Auxiliary to the Royal Canadian Legion Alberta N.W.T. Command.



**The Royal Canadian Legion**

**Ladies Auxiliary**

**Alberta - N.W.T. Command**

**BURSARY APPLICATION**

\_\_\_\_\_  
Signature of applicant (blue ink)

\_\_\_\_\_  
Date

**APPLICATION FOR BURSARY**

Ladies' Auxiliary, Alberta-N.W.T. Command, The Royal Canadian Legion, in the sum of \$500.00 for ALBERTA and N.W.T. STUDENTS, entering FIRST year University, Schools of Technology and art, Nursing programs, and all recognized colleges. Applicant must be a graduate of the previous or current year. The Bursaries are not for mature students i.e. students over twenty years of age.

APPLICANT'S NAME \_\_\_\_\_ (Surname) \_\_\_\_\_ (First Name)

ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF HIGH SCHOOL ATTENDED \_\_\_\_\_

GRADUATION YEAR \_\_\_\_\_

NAME AND ADDRESS OF INSTITUTION APPLYING TO \_\_\_\_\_

NAME OF COURSE REGISTERING \_\_\_\_\_

Recommendations: Letter of reference to be obtained before the end of the school term from one of the following - School Principal, Home Room Teacher or Counselor. Applicant must also forward a letter stating the need for financial assistance and the reason for selecting the above course.

The completed Application form, with the required letters and a photocopy of grade 12 official high school transcripts stating "diploma granted" should be mailed on or before August 31, to the Ladies' Auxiliary Bursary Chairman, 2020- 15<sup>th</sup> Street N. W., Calgary, AB T2M 3N8.

- Have you enclosed:  School Letter  Official High School Transcripts  
 Student Letter stating reason bursary is needed.  
 Acceptance Letter from Facility attending if received at time of application

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

To be eligible applicants must meet one of the following categories. All applicants must be a registered Alberta or North West Territories student. Please check the category that bests

- I am a child, grandchild, great-grandchild, niece, nephew, or great niece & nephew of veterans' personnel.
- I am a child or grandchild of current personnel, RCMP.
- I am a child of a Reserve Personnel, and Fire-fighters (paid or volunteer) who have served a minimum of one year, in advancing their education.
- I am a child and grandchild of Auxiliary or Branch member.

NAME OF LADIES' AUXILIARY MEMBER \_\_\_\_\_

BRANCH NAME OR NAME OF NEAREST LEGION WHERE PRESENTATION CAN BE MADE \_\_\_\_\_

PRESENT OCCUPATION OF FATHER/GUARDIAN \_\_\_\_\_

PRESENT OCCUPATION OF MOTHER/GUARDIAN \_\_\_\_\_

NAME OF GUARDIAN \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN IN HOME \_\_\_\_\_ (Including applicant)

ADDRESS OF PARENTS/GUARDIAN (if different) \_\_\_\_\_

PHONE NUMBER (if different) \_\_\_\_\_

The following confidential information must be completed or application will not be considered. Yearly income as stated on Net Income Line of last income tax returned filed with Revenue Canada.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian \_\_\_\_\_ Other Household Income \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_