



**NEWFOUNDLAND LABRADOR COMMAND  
THE ROYAL CANADIAN LEGION**



**PROVINCIAL BURSARY APPLICATION FORM**

**ELIGIBILITY:** Students undertaking their 2<sup>ND</sup> AND SUBSEQUENT years undergraduate degree. Applicants are advised that the BURSARY is in the amount of \$1,000.00 and is tenable at Memorial University of Newfoundland; Sir Wilfred Grenfell College, The Marine Institute, College of the North Atlantic or any University outside the Province. **TO QUALIFY FOR THE BURSARY:** - You must be enrolled in a program of at least two academic years duration, i.e four semesters, and you must have successfully completed your 1<sup>st</sup> year of study, and you must be a child, a grandchild of a great grandchild of a Veteran.

**PLEASE COMPLETE ALL QUESTIONS BELOW**

<b>NAME</b>	(Last Name)	(First Name)
<b>ADDRESS</b>	(Civic Address)	(City/Province)
<b>PHONE NUMBER</b>	(home)	(cellular)
<b>EMAIL</b>		

**Check List:** The following **MUST** be included:

- a. Transcript of marks for last academic year; and
- b. Acceptance letter, to educational institution, regardless of year in program.

**Note:** All sections of the form **MUST** be completed. Any section not completed makes the application null and void. Incomplete applications will **NOT** be returned to applicant and will be deemed ineligible.

**PLEASE FORWARD COMPLETED APPLICATION, WITH ATTACHMENTS TO:**

Executive Director  
Newfoundland Labrador Command  
The Royal Canadian Legion  
Box 5745, St. John's, NL, A1C 5X3

**Deadline: 30<sup>th</sup> November**

1	Are you the child, grandchild or great grandchild of a Veteran?	(Child)	(Grandchild)	(Great Grandchild)
2	Name of Veteran.			
3	Branch of Military Service.	(Service Number)		(Rank)
4	If Veteran is a Legion Member, Please indicate Type of Legion Membership.	LIFE MEMBER	ORDINARY MEMBER	
5	Please indicate the Legion Branch Name and Number.	BRANCH NAME		NUMBER
6	Name and Location of School attended for Grade 12.			
<b>A TRANSCRIPT OF YOUR MARKS MUST ACCOMPANY THIS APPLICATION</b>				
7	Name of Post-Secondary Institution you are attending.	(Name)		(Location)
8	Are you enrolled in a program of at least two years?	(Yes)	(No)	(Number of Years)
9	Name of the Program you are enrolled in.			
10	Are you in receipt of any scholarships, bursaries or other educational benefits?	(Yes)		(No)
11	If YES, please provide details – name and amount.	(Name)		(Amount)

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**FINANCIAL INFORMATION**

PLEASE COMPLETE ALL QUESTIONS BELOW

ITEM	DESCRIPTION	TOTAL AMOUNT
1	<b><u>INCOME:</u></b> Are you in receipt of any other scholarships, bursaries or student loans, please provide description and amount (s)	
		\$
	Do you receive any financial benefits, ie – Employment Insurance, Wages & Commission, Canada Pension/Veterans Affairs Canada Allowance, HRDC Training Allowance, Alimony/Child Support Payments, etc. If so, please describe:	
		\$
<b>TOTAL INCOME</b>		\$
2	<b><u>EXPENSES:</u></b> (per month/per semester)	
	Rent	\$
	Utilities	\$
	Tuition & Books	\$
	Transportation	\$
	Other (Please specify)	\$
		\$
<b>TOTAL EXPENSES</b>		\$
3	Total Family Net Income for previous Year	\$

Award of a BURSARY is based in part on financial need.  
PLEASE COMPLETE THE "FINANCIAL INFORMATION" ABOVE.  
Incomplete applications will NOT be returned to applicant for further information.

YOU ARE ASSURED THAT THIS INFORMATION WILL BE TREATED AS  
**STRICTLY CONFIDENTIAL**  
AND WILL BE VIEWED ONLY BY THOSE MAKING THE DETERMINATION FOR AWARDS.