



# THE ROYAL CANADIAN LEGION ONTARIO BELLS CORNERS BRANCH 593



## POPPY TRUST FUND

### BURSARY ASSISTANCE PROGRAM 2017

**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 in the amount of \$500.00 to \$1000.00 per scholastic year (September to August) as determined by the Branch Bursary Committee.

Students entering a diploma or certificate course, usually of a shorter duration with reduced tuition, may be granted assistance at a rate to be determined by the Branch Bursary Committee.

Indentured apprentices may apply for assistance for the purchase of tools and instruments.

**ELIGIBILITY: (must meet one of the below requirements)**

- (1.) **Ordinary, Associate and Life members of The Royal Canadian Legion Branch 593 in good standing and their children, grandchildren and great grandchildren.**
- (2.) **Any person who is serving or who has honourably served in the Armed Forces of Canada, and whose primary residence is in the old city limits of Nepean excluding Barrhaven.**

**APPLICATIONS:** Application forms are available from the following:

- a) The Royal Canadian Legion Bells Corners Branch 593
- b) Branch Web Site – [legion593.com](http://legion593.com)

**STUDENTS RESPONSIBILITY:**

It is the student's responsibility to complete and mail or drop off this application directly to the address below.

**Section C is to be completed by the Legion Branch of the student's sponsor.**

**Section D must be completed by the student. If the student has a Letter of Acceptance, please provide it.**

**If not, then Section D must be endorsed by the school Registrar along with their appending seal.**

**If an application form is received and is missing the required information, the application will be declined.**

The Royal Canadian Legion reserves the right to authenticate all information pertaining to the application prior to any decision being given.

Applicants will be notified by email as to the decision of the Branch Bursary Committee.

This decision is final and cannot be appealed.

**APPLICATIONS MUST BE RETURNED TO THE LEGION BY:**

- 1) AUGUST 15<sup>TH</sup>, 2017 FOR THE FALL TERM OF YOUR SCHOOL YEAR**
- 2) OCTOBER, 31<sup>ST</sup>, 2017 FOR WINTER TERM OF YOUR SCHOOL YEAR**

**MAILING ADDRESS:**

The Royal Canadian Legion  
Bells Corner Branch 593  
P.O. Box 11187  
Station 'H'  
Ottawa, Ontario  
K2H 7T9

**Drop off Address**

**The Royal Canadian Legion  
Bells Corners Branch 593**  
4026 Old Richmond Road  
Nepean, Ontario  
K2R 1H7

**Contact info**

Phone: (613) 829-4609  
Fax: (613) 829-6537

SOCIAL INSURANCE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COLLEGE / UNIVERSITY STUDENT NUMBER: \_\_\_\_\_

PLEASE PRINT STUDENT'S:

1. NAME IN FULL: \_\_\_\_\_ DATE OF BIRTH: D:\_\_\_\_ M: \_\_\_\_ Y:\_\_\_\_

PRINCIPAL HOME ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

RESIDENCE SCHOOL ADDRESS: \_\_\_\_\_ CELL. NO. \_\_\_\_\_

2. PERSONAL STATUS: SINGLE \_\_\_\_ MARRIED \_\_\_\_ # OF DEPENDENTS \_\_\_\_ OTHER: \_\_\_\_\_

3. EDUCATION OR TRAINING LEVEL WHICH PROVIDES FOR ADMISSION TO UNIVERSITY/COLLEGE

Secondary School attended: \_\_\_\_\_ Graduation Date: D:\_\_\_\_ M: \_\_\_\_ Y:\_\_\_\_

Mature Student: \_\_\_\_\_

Other: \_\_\_\_ Explain, giving details: \_\_\_\_\_

4. 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: (Check) 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_ Year

DEGREE, DIPLOMA OR CERTIFICATE YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM:

\_\_\_\_\_

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

TUITION FEES	\$	_____	TOOLS - INSTRUMENTS - LAP TOP	\$	_____
BOOKS	\$	_____	TRANSPORTATION	\$	_____
ROOM & BOARD	\$	_____	TOTAL EXPENSES:	\$	_____

6. FINANCIAL RESOURCES:

Have you received an Ontario Command Legion Bursary in the past? If so indicate years: \_\_\_\_\_

7. AWARDS: SCHOLARSHIPS & BURSARIES RECEIVED:

Name of Scholarship:	_____	Amount \$	_____
Name of Bursary:	_____	Amount \$	_____
	_____	Amount \$	_____

### 8. RESEARCH ESSAY

Provide a research essay of 200-300 words. In addition, provide comment on/discuss content of essay. Some examples of suggested topics are;

- a) Eligibility for Legion Membership
- b) Origin and history, aims and objectives of the Legion
- c) The Poppy Campaign, organization, disbursement of funds
- d) Assistance to veterans and their dependents
- e) Legion involvement in education, schools, sports and cadets
- f) Personal anecdotes of your parents or grandparents relative to military of Legion service
- g) The history of the Royal Canadian Navy or a ship; the Canadian Army or a regiment; The Royal Canadian Air Force or a Squadron
- h) A significant battle that Canadians took participated in e.g. Boer War, WWI, WWII, Battle of the Atlantic, Battle of Britain, Dieppe, Normandy, Italy, Korea, Gulf War, Yugoslavia, Peacekeeping etc.
- i) Canadian Victoria Cross Winners
- j) Silver Cross mothers

9. **ADDITIONAL INFORMATION** related to this application that you feel is important: (To be completed by student)  
(Should more space be required please attach an additional sheet with your name and address at the top)

I understand that a copy of my application with all the information (personal or otherwise) would be accessible only to members of the Bursary Committee(s) dealing with bursary awards. I also understand that communication with my family may be necessary to clarify information in order to process my application. Again, this information may only be discussed with the members of that committee, with a specific purpose of providing financial assistance towards my education supplement request.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: THIS SECTION IS APPLICABLE TO THE CHILD, GRANDCHILD or GREAT GRANDCHILD OF THE PERSON WHO IS SERVING OR WHO HAS HONOURABLY SERVED IN THE CANADIAN ARMED FORCES OR IS A COMMONWEALTH WAR VETERAN. IF THE VETERAN IS DECEASED OR NOT A LEGION MEMBER, A PHOTOCOPY OF THE WAR VETERAN'S SERVICE PAPERS MUST BE ATTACHED TO THIS APPLICATION. IF THE SERVICE PERSONEL IS ACTIVE AND NOT A LEGION MEMBER, A PHOTOCOPY OF THEIR ARMED FORCES SERVICE ID IS REQUIRED WITH THE APPLICATION.**

NAME OF PARENT, GRANDPARENT or GREAT GRANDPARENT	_____	SERVICE NUMBER	_____
UNIT SERVED WITH	_____	DATE OF ENLISTMENT	_____
DATE OF DISCHARGE	_____	DATE DECEASED	_____

**SECTION C: BRANCH MEMBERSHIP - Mark an X in one of the following:**

Ordinary Member \_\_\_\_\_ Ordinary Member's Son or Daughter \_\_\_\_\_ Ordinary Member's Grandchild \_\_\_\_\_  
Life Member \_\_\_\_\_ Life Member's Son or Daughter \_\_\_\_\_ Life Member's Grandchild \_\_\_\_\_  
Associate Member \_\_\_\_\_ Associate member's Son or Daughter \_\_\_\_\_ Associate Member's Grandchild \_\_\_\_\_  
Ordinary Member's Great Grandchild \_\_\_\_\_

**(PRINT) STUDENT'S FULL** \_\_\_\_\_

**NAME OF BRANCH:** \_\_\_\_\_ **PARENT** \_\_\_\_\_ **OR (GREAT) GRANDPARENT** \_\_\_\_\_

**BRANCH No:** \_\_\_\_\_ **BRANCH ADDRESS (in full):** \_\_\_\_\_

I certify that \_\_\_\_\_ is a current member in good standing.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**Printed Authorized Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: THE ABOVE TWO LINES WILL BE COMPLETED AT THE RCL BRANCH, ONCE WE RECEIVE THIS COMPLETED APPLICATION FORM. THE AUTHORIZED SIGNATURE WILL BE THE PRESIDENT, MEMBERSHIP CHAIRMAN OR THE SECRETARY OF THE BRANCH.**

**SECTION D: TO BE COMPLETED PRIOR TO SUBMISSION TO REGISTRAR FOR ENDORSEMENT AND APPENDING OF SEAL. PROOF OF ENROLLMENT MUST BE ENDORSED BY REGISTRAR, or PROVIDE A COPY OF YOUR "LETTER OF ACCEPTANCE"**

I certify that \_\_\_\_\_ is enrolled at \_\_\_\_\_

**NAME OF UNIVERSITY/COMMUNITY COLLEGE:** \_\_\_\_\_

**NAME OF COURSE:** \_\_\_\_\_ **YEAR ENROLLED IN:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Authorized Signature:** \_\_\_\_\_

**SECTION E: TO BE COMPLETED IN DETAIL PRIOR TO SUBMISSION FOR ENDORSEMENT BY VOCATIONAL OR APPRENTICESHIP COMMITTEE AND APPENDING OF SEAL, or PROVIDE A COPY OF YOUR "LETTER OF ACCEPTANCE"**

I certify that \_\_\_\_\_ is enrolled at \_\_\_\_\_

**NAME OF UNIVERSITY/COMMUNITY COLLEGE:** \_\_\_\_\_

**NAME OF COURSE:** \_\_\_\_\_ **YEAR ENROLLED IN:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Authorized Signature:** \_\_\_\_\_