

BURSARY APPLICATION

THE ROYAL CANADIAN LEGION - BRANCH #7

HARVEY DETACHMENT

NAME _____

ADDRESS _____ TEL NO. _____

AGE _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

AGE OF OTHER DEPENDANT CHILDREN _____

GRADUATING SCHOOL _____

ACCEPTED BY _____ POST SECONDARY SCHOOL

ADDRESS _____

TELEPHONE NUMBER _____

POSITIONS HELD IN HIGH SCHOOL _____

INTERESTS & ACTIVITIES _____

OTHER ASSISTANCE (APPLIED FOR) _____

OTHER ASSISTANCE (RECEIVED) _____

MILITARY INFORMATION

I AM A CHILD, GRANDCHILD OR GREAT GRANDCHILD OF A VETERAN. (CIRCLE ONE)

VETERAN'S NAME _____

REGIMENTAL NUMBER _____

UNIT SERVED _____

TIME SERVED _____

ADDITIONAL INFORMATION IF AVAILABLE

APPLICANT'S SIGNATURE _____ DATE _____

NOTE 1: SENIOR HIGH SCHOOL TRANSCRIPT OF MARKS MUST ACCOMPANY THIS APPLICATION.

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NOTE 2: THE INFORMATION THAT YOU PROVIDE WITH THIS APPLICATION IS THE ONLY SOURCE THAT THE BOARD HAS TO DECIDE ON WHO WILL RECEIVE THIS BURSARY. IT IS IMPERATIVE THAT YOU PROVIDE AS MUCH DETAIL AS POSSIBLE TO ENSURE THAT THE BOARD CAN DETERMINE THAT YOU ARE THE DESERVING APPLICANT.

NOTE 3: FOR ASSISTANCE YOU CAN CALL Red Hayes 366-3192

NOTE 4: APPLICATION MUST BE SUBMITTED NO LATER THAN May 15th
TO _____

NOTE 5: DATE APPLICATION RECEIVED BY _____