



**THE ROYAL CANADIAN LEGION  
ONTARIO COMMAND CHARITABLE FOUNDATION,  
&  
ROYAL CANADIAN LEGION LADIES' AUXILIARY,  
ONTARIO COMMAND**



## **BURSARY ASSISTANCE PROGRAM**

**RATIONALE:** The Bursary Program is designed to assist students entering or pursuing 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 per scholastic year (September to August) as determined by the District 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 District Bursary Chairman.

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

- ELIGIBILITY:**
- (1) Ex-Service personnel or currently serving members of The Canadian Forces (Regular, Reserve, and Merchant Navy) and their children and grandchildren. Commonwealth war veterans and their children and grandchildren.
  - (2) Ordinary and Life members of The Royal Canadian Legion and their children and grandchildren.
  - (3) Associate members of The Royal Canadian Legion and their children only.
  - (4) Ladies' Auxiliary members and their children and grandchildren.
  - (5) Step children and step grandchildren may be considered where applicable.

- APPLICATIONS:** Application forms are available from the following:
- a) Secondary School Guidance Offices
  - b) Awards Offices of the Colleges and Universities
  - c) Provincial Service Bureau Offices
  - d) Branches of The Royal Canadian Legion and Ladies' Auxiliary

**STUDENTS RESPONSIBILITY:** It is the student's responsibility to complete and mail this application directly to the address below. **Section C or D is to be completed by the Legion Branch of the students sponsor PRIOR to completing the application.** Legion Bursary applicants are required to make application to OSAP (or its equivalent in other provinces). A copy of the OSAP "View Application Details (6 pages) & Funding Summary Sheet" (If done on line) must be attached to the application. If an application form is received and is missing the required information, the application will be declined. All applications completed in full must be received by Ontario Command by the last Friday in March from students who are currently attending post-secondary education. Students changing courses will not be considered. 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 mail as to the decision of the District Bursary Committee. **This decision is final and cannot be appealed.**

**EMAILED/SCANNED/FAXED APPLICATIONS WILL NOT BE ACCEPTED. PLEASE MAIL ORIGINAL.**

MAILING ADDRESS: The Royal Canadian Legion  
Ontario Command  
89 Industrial Parkway North  
Aurora, ON L4G 4C4

<b>OFFICE USE ONLY</b>
District _____
Date Sent _____

**SECTION A:**

**APPLICATION FOR BURSARY ASSISTANCE**

**CONFIDENTIAL**

**SOCIAL INSURANCE NUMBER:** \_\_\_\_\_ **email:** \_\_\_\_\_

**PLEASE PRINT: STUDENT'S**

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

**PRINCIPAL HOME ADDRESS:** \_\_\_\_\_ **APT. NO.** \_\_\_\_\_

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

**RESIDENCE SCHOOL ADDRESS:** \_\_\_\_\_ **TEL. 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:** \_\_\_\_\_

**PROGRAM REGISTERED IN:** \_\_\_\_\_

**LENGTH OF PROGRAM:** (Please state number of) YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ or WEEKS \_\_\_\_\_

**YEAR YOU ARE REGISTERED IN:** (Circle) 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):**

TUITION FEES	\$ _____	per school year (Sept.-Aug.)
BOOKS	\$ _____	per school year (Sept.-Aug.)
TOOLS/INSTRUMENTS/LAPTOP	\$ _____	per school year (Sept.-Aug.)
ROOM & BOARD	\$ _____	per school year (Sept.-Aug.)
TRANSPORTATION	\$ _____	per school year (Sept.-Aug.)
TOTAL EXPENSES:	\$ _____	per school year (Sept.Aug.)

**6. FINANCIAL RESOURCES:**

Have you applied for the Ontario Student Assistance Program (OSAP) (yes/no) \_\_\_\_\_ Amount of approved loan: \$ \_\_\_\_\_  
Include a copy of the OSAP View Application Details (fully expanded) and a copy of the OSAP Funding Summary or Total OSAP Aid issued.

**7. Have you received an Ontario Command Legion Bursary in the past? (5 years maximum).**  
If so indicate in what years \_\_\_\_\_

If you have been refused assistance from OSAP or you are ineligible to apply, you must provide the View Application Details and Status Summary confirming your ineligibility.

Students changing programs will not be considered for assistance under the Bursary Program.

**8. AWARDS: SCHOLARSHIPS & BURSARIES RECEIVED:**

Name of Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Bursary \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED IN DETAIL BY THE STUDENT**

9. Total number of siblings residing at home (not including the student) \_\_\_\_\_

Number of sibling children attending Post-Secondary School \_\_\_\_\_

Combined net income of parents for the previous year (all sources) Total Amount \$ \_\_\_\_\_

Student's income if single (from all sources) \$ \_\_\_\_\_

Student's combined income if married (from all sources) \$ \_\_\_\_\_

Student's total assets (bonds, securities, cash in bank, etc.) \$ \_\_\_\_\_

**10. 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 NOT APPLICABLE TO CURRENT LEGION MEMBERS. PLEASE USE SECTION C. A PHOTOCOPY OF THE VETERAN'S DISCHARGE CERTIFICATE OR A COPY OF THE RECORD OF SERVICE MUST BE ATTACHED TO THIS APPLICATION. SERVICE DOCUMENTS CAN BE OBTAINED FROM LIBRARY & ARCHIVES CANADA IN OTTAWA. SEND A COPY ONLY. PROOF OF RELATIONSHIP IS REQUIRED.**

NAME OF PARENT/GRANDPARENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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:** DISTRICT \_\_\_\_\_  
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 ONLY** \_\_\_\_\_

(PRINT) STUDENT’S FULL NAME: \_\_\_\_\_

NAME OF BRANCH MEMBER: \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

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

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

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

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

**NOTE: AUTHORIZED SIGNATURE IS THE PRESIDENT, MEMBERSHIP CHAIRMAN OR THE SECRETARY OF THE BRANCH.**

**SECTION D: LADIES’ AUXILIARY MEMBERSHIP – Mark an X in one of the following:** DISTRICT \_\_\_\_\_  
Ladies Auxiliary Member \_\_\_\_\_ Auxiliary Member’s Son or Daughter \_\_\_\_\_ Grandchild \_\_\_\_\_

(Print) STUDENT’S FULL NAME : \_\_\_\_\_

NAME OF LADIES AUXILIARY MEMBER: \_\_\_\_\_ PARENT: \_\_\_\_\_ OR GRANDPARENT \_\_\_\_\_

BRANCH NO.: \_\_\_\_\_ BRANCH ADDRESS (in full) \_\_\_\_\_

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

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

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

**NOTE: AUTHORIZED SIGNATURE IS THE PRESIDENT, MEMBERSHIP CHAIRMAN OR THE SECRETARY OF THE LADIES AUXILIARY.**

**SECTION E: TO BE COMPLETED PRIOR TO SUBMISSION TO REGISTRAR FOR ENDORSEMENT AND APPENDING OF SEAL OR A COPY OF THE VERIFICATION OF ENROLMENT MUST BE ATTACHED.**

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

NAME OF UNIVERSITY/ COLLEGE: \_\_\_\_\_ Province: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_ YEAR ENROLLED \_\_\_\_\_

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

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

**SECTION F: TO BE COMPLETED IN DETAIL PRIOR TO SUBMISSION FOR ENDORSEMENT BY VOCATIONAL OR APPRENTICESHIP COMMITTEE.**

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

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

NAME OF PROGRAM: \_\_\_\_\_ YEAR ENROLLED IN: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Printed Authorized signature: \_\_\_\_\_