



**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 or 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 completion of the current year of study and recommendation by the District Bursary Committee.

ASSISTANCE:

Students applying for assistance may be granted a Bursary based on documented need in the amount of \$750.00 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 / Awards Offices of the Colleges and Universities
- b) Provincial Service Bureau Offices
- c) Branches of The Royal Canadian Legion and Ladies' Auxiliary

STUDENT'S RESPONSIBILITY:

**IT IS THE STUDENT'S RESPONSIBILITY TO COMPLETE AND MAIL
THIS APPLICATION DIRECTLY TO THE ADDRESS BELOW**

Applicants are required to make an application to OSAP (or its equivalent in other provinces). Should an application be received and missing the required information, the application will be declined. **Applications must be received by Ontario Command prior to the last Friday of 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.** You must include the following documents in order to ensure a complete application is received.

- Your Social Insurance Number and Email address
- OSAP Funding Summary
- OSAP Application Data on File
- Proof of Service of the Veteran – copy of the Discharge Certificate, Record of Service or NDI75 Card
- Proof of Relationship of the Student to the Veteran
- Complete either section C or D – endorsed by either the President, Secretary or Membership Chairman
- Copy of the “Verification of Enrollment” from your student profile

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 L4G4C4

OFFICE USE ONLY

District _____

Date Sent _____

SECTION A:

APPLICATION FOR BURSARY ASSISTANCE

CONFIDENTIAL

SOCIAL INSURANCE NUMBER: _____ **Email:** _____

PLEASE PRINT OR TYPE:

1. STUDENT'S FULL NAME: _____ **DATE OF BIRTH:** D ____ M ____ Y ____

PRINCIPAL HOME ADDRESS: _____ **APT. NO.** _____

TOWN: _____ **POSTAL CODE:** _____ **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: _____

TOTAL LENGTH OF PROGRAM: YEARS _____ MONTHS _____ or WEEKS _____

YEAR YOU ARE REGISTERED IN: (Circle) 1st. 2nd. 3rd. 4th. 5th. 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) OR equivalent (yes/no) YES NO

Amount of OSAP approved loan: \$ _____ Amount of OSAP grants: \$ _____

Include a copy of the OSAP Application Data on File 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 Application Data on File and Status Summary confirming your ineligibility.

Students changing programs or completing a program through continuing or distance education are not eligible for 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 \$ _____

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 *HIGHLY RECOMMENDED* 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 COPY OF THE VETERAN'S DISCHARGE CERTIFICATE OR A COPY OF THE RECORD OF SERVICE OR A COPY OF THE MPRR **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 VETERAN _____ DATE OF BIRTH _____

SERVICE NUMBER _____ UNIT SERVED WITH _____

DATE OF ENLISTMENT _____ DATE OF DISCHARGE _____ LIVING/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: _____ 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 THE VOCATIONAL OR APPRENTICESHIP COMMITTEE.

I hereby certify that _____ is enrolled at _____

NAME OF VOCATIONAL/APPRENTICESHIP COMMITTEE: _____

NAME OF PROGRAM: _____ YEAR ENROLLED IN: _____

AUTHORIZED SIGNATURE: _____ DATE: _____ Printed Authorized signature: _____