



THE ROYAL CANADIAN LEGION ONTARIO COMMAND  
CHARITABLE FOUNDATION  
&  
ROYAL CANADIAN LEGION LADIES' AUXILIARY  
ONTARIO COMMAND  
**BURSARY ASSISTANCE PROGRAM**



### PURPOSE OF THIS AWARD

The Bursary Program is designed to assist students who are entering or continuing their post-secondary education and who are currently serving members, Ex-service personnel, Legion members, or their spouses, children, or grandchildren. The Bursary Program is funded through the Ontario Command Branches and Ladies' Auxiliaries Charitable Foundation.

### FINANCIAL ASSISTANCE

Students applying for assistance may be granted a Bursary based on documented need in the amount of \$1,250.00 per scholastic year 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 Chair(s). Indentured apprentices may also apply for assistance for the purchase of tools and instruments. Students completing a program through continuing, or distance education maybe considered for the Bursary Program.

### ELIGIBILITY

Applicants for this award are required to make an application to OSAP (or its equivalent in other provinces). In addition, applicants must be one of the following to qualify for this bursary:

- Ex-service personnel or currently serving members of The Canadian Forces (Regular, Reserve, and Merchant Navy) or their spouse, child, or grandchild.
- Commonwealth war veterans or their spouse, child, and grandchild.
- An Ordinary and Life member of The Royal Canadian Legion or their spouse, child, or grandchild.
- An Associate member of The Royal Canadian Legion or their child.
- A member of the Ladies' Auxiliary or a child or grandchild of an LA member.
- Stepchildren and step grandchildren may also be considered where applicable.

### DEADLINE FOR APPLICATIONS

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 programs will not be considered.

### INSTRUCTIONS FOR STUDENTS

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

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. Should an application be received missing the required information, the application will be returned one time only for correction & resubmission. **ONLY ORIGINAL APPLICATIONS WILL BE CONSIDERED BY THE COMMITTEE. (DO NOT FORWARD COPIED, EMAILED, SCANNED OR FACSIMILIED VERSIONS).**

**Applicants must include the following documents to ensure consideration:**

- CLEARLY PRINT Your information in SECTION A below;
- PRINT OSAP Funding Summary;
- PRINT OSAP Application Data on File;
- ATTACH Proof of Service of the Veteran (I.e: Discharge Certificate, Record of Service, or NDI75 Card) **AND**
- ATTACH Proof of Relationship of the Student to the Veteran (required) **OR**
- COMPLETE either SECTION C or D – endorsed by a Legion Branch President, Secretary, or Membership Chair;
- COMPLETE either SECTION E or F **OR** attach a copy of student "Confirmation of Enrollment" from your student profile.

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

OFFICE USE ONLY  
District \_\_\_\_\_

**APPLICANT DETAILS**

Please print or type

Student's full name: \_\_\_\_\_ Date of birth: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_\_

Principal home address: \_\_\_\_\_ Apt. \_\_\_\_\_

City/town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Social insurance number: \_\_\_\_\_ Email: \_\_\_\_\_

University, college, school or association attending: \_\_\_\_\_

Program registered in: \_\_\_\_\_

**FINANCIAL DETAILS**

What is the applicant's grand total of all expenses for the year (September to April): \$ \_\_\_\_\_

Have you applied for the Ontario Student Assistance Program (OSAP) OR equivalent? YES NO

**NOTE: APPLICANTS MUST PRINT A COPY OF THEIR OSAP APPLICATION DATA ON FILE AND OSAP FUNDING SUMMARY**

Have you received an Ontario Command Legion Bursary in the past (5 years maximum)? YES NO

If so, indicate in what years: \_\_\_\_\_

Amount of OSAP Loans (which must be repaid): \$ \_\_\_\_\_ Amount of OSAP Grants: \$ \_\_\_\_\_

**OTHER SCHOLARSHIPS & BURSARIES RECEIVED (if Applicable):**

- Name of Scholarship/Bursary \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Name of Scholarship/Bursary \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Name of Scholarship/Bursary \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Students may still qualify for this bursary if they have been refused assistance from OSAP or are ineligible to apply. Please provide the Application Data on File and Status Summary confirming your ineligibility. Students completing a program through continuing or distance education maybe considered for the Bursary Program.**

Combined net income (line 23600 of tax return) of the parent(s)/guardian(s)  
from the previous year (**DO NOT COMPLETE IF YOU ARE A MATURE STUDENT**) \$ \_\_\_\_\_

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

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

Student's total locked in assets (bonds, securities, RRSP, RESP etc.) \$ \_\_\_\_\_

Student's cash in the bank \$ \_\_\_\_\_

## ADDITIONAL INFORMATION PERTAINING TO STUDENT NEED

**To be completed by student.** Please provide any information related to this application that is important in assisting the committee with your application, including special conditions, family circumstances, accessibility issues, etc. Should more space be required please attach an additional sheet with your name and address at the top:

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## ACKNOWLEDGEMENT

I understand that a copy of my application and its contents (personal or otherwise) will 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. 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.

By checking this box, you authorize your parent(s)/guardian(s) to inquire and communicate on your behalf regarding the status of this application.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## PROOF OF ELIGIBILITY

**To be completed by the related active service member, ex-service member, Legion or Ladies Auxiliary member.** Please use the correct section based upon the status of the family member:

- SECTION B – Active Service or Ex-Service Member
- SECTION C – Legion Members
- SECTION D – Ladies Auxiliary Members

**Please note that great-grandchildren of active forces, ex-service personnel, or Legion Members and are not eligible for this bursary, please speak with your local Legion branch about other options.**

**To be completed by the post-secondary institution. Alternatively, applicants may attach proof of enrollment when submitting this application.**

- SECTION E – For University or College enrollment
- SECTION F – Vocational/Apprenticeship enrollment

**Applicants may leave all non-applicable sections blank.**

**SECTION B ACTIVE/EX-SERVICE PERSONNEL:** 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 \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE VETERAN LISTED ABOVE? \_\_\_\_\_

**SECTION C BRANCH MEMBER – MARK AN X IN ONE OF THE FOLLOWING:**

DISTRICT \_\_\_\_\_

ORDINARY MEMBER SELF/ SPOUSE \_\_\_\_\_ CHILD \_\_\_\_\_ GRANDCHILD \_\_\_\_\_

**NOTE: IF THE ORDINARY MEMBER (VETERAN) IS DECEASED, PLEASE COMPLETE SECTION B OF THIS APPLICATION INSTEAD.**

LIFE MEMBER \_\_\_\_\_ CHILD \_\_\_\_\_ GRANDCHILD \_\_\_\_\_ ASSOCIATE MEMBER \_\_\_\_\_ ASSOCIATE MEMBER'S CHILD \_\_\_\_\_

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

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

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

I CERTIFY THAT \_\_\_\_\_ IS A LIVING MEMBER IN GOOD STANDING.

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

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

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

**SECTION D LADIES' AUXILIARY MEMBER – MARK AN X IN ONE OF THE FOLLOWING:**

DISTRICT \_\_\_\_\_

LADIES AUXILIARY MEMBER \_\_\_\_\_ CHILD \_\_\_\_\_ GRANDCHILD \_\_\_\_\_

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

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

BRANCH NO.: \_\_\_\_\_ BRANCH ADDRESS (IN FULL) \_\_\_\_\_

I CERTIFY THAT \_\_\_\_\_ IS A LIVING MEMBER IN GOOD STANDING.

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

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

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

**SECTION E COMPLETED BY THE REGISTRAR:**

I CERTIFY THAT \_\_\_\_\_ IS ENROLLED AT

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

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

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

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

AUTHORIZED PRINT NAME: \_\_\_\_\_

**SECTION F COMPLETED 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: \_\_\_\_\_ AUTHORIZED PRINT NAME: \_\_\_\_\_

**SEPT 2023**