

**Stittsville Legion Branch 618**

Tel: (613) 836-1632  
1481 Stittsville Main Street,  
Stittsville, Ontario  
K2S 1A7



**Bursary Application Form**

The completed form must be delivered to the Stittsville Legion (address above) **NO LATER THAN May 31, 2021.**

The Bursary money comes from the Poppy Trust Fund - you must have a history of Military Service, in your family as far back **ONLY** to your Grandfather or Grandmother to be eligible. You must also commit to participating in our Poppy Campaign and volunteer for a two hour shift. If you are unable to participate then you can have someone substitute on your behalf.

All Bursaries are limited to anyone up to the age of 25 and post-secondary education only.

**PLEASE PRINT**

**1. Name in Full:**

\_\_\_\_\_

**2. Home Address:**

**House Number & Street:**

\_\_\_\_\_

**City:**

**Province:**

\_\_\_\_\_

**Postal Code:**

**Telephone Number:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**3. Date of Birth:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**4. Education or Training Level Which Provides for Admission into College/University:**

**Secondary School attended:**

\_\_\_\_\_

**Graduation Date: Month:**

**Day:**

**Year:**

\_\_\_\_\_



## Bursary Application Form

### 5. Future College/University Information

Name of College/University: \_\_\_\_\_

Program Name: \_\_\_\_\_

Length of Program:    Years: \_\_\_\_\_    Months: \_\_\_\_\_    or Weeks: \_\_\_\_\_

Year You Are Registered In    1st Year    2nd Year    3rd Year    4th Year    Other: \_\_\_\_\_

Upon Completion of the Program:    Certificate    Diploma    Degree

**Total estimated expenses for academic/vocational year** (in Canadian funds)

**Consider:** Tuition fees, books, room & board, and transportation to come to your total.

Total Expenses:    \$ \_\_\_\_\_

### 6. Financial Resources: (Note: The following information will be treated confidentially).

**List the Name of Scholarships and Bursaries as well as the amounts you have received.** (Note: This will not influence our decision).

---

---

---

---

**If you are living with and/or supported by parent(s), list their occupations and total income below.**

Mother's Occupation: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Income: \$ \_\_\_\_\_

Number of School Aged Children in Family (K-12): \_\_\_\_\_

Other Dependants (If any): \_\_\_\_\_

Total Income of APPLICANT: \$ \_\_\_\_\_

**Stittsville Legion Branch 618**

Tel: (613) 836-1632  
1481 Stittsville Main Street,  
Stittsville, Ontario  
K2S 1A7



**Bursary Application Form**

**7. Give the name, phone number, and address of two persons willing to act as a character reference for you, other than your parents.**

<b>Name:</b>	_____	<b>Phone Number:</b>	_____
<b>House Number &amp; Street:</b>	_____		
<b>City:</b>	_____	<b>Province:</b>	_____
<b>Postal Code:</b>	_____	<b>Country:</b>	_____

<b>Name:</b>	_____	<b>Phone Number:</b>	_____
<b>House Number &amp; Street:</b>	_____		
<b>City:</b>	_____	<b>Province:</b>	_____
<b>Postal Code:</b>	_____	<b>Country:</b>	_____

**8. Family Relative Service Member Information**

**Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Date(s) Served:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

**If relative is deceased, was he/she killed in action? Died while serving? Please give details:**

**Stittsville Legion Branch 618**

**Tel: (613) 836-1632**

**1481 Stittsville Main Street,**

**Stittsville, Ontario**

**K2S 1A7**



## **Bursary Application Form**

**Name and number of the Legion to which parent belongs (if applicable):**

**9. Additional Information** (Related to this applicant that you feel is important. To be completed by student.)

**Name of Applicant:**

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date of Application**

**Month:**

\_\_\_\_\_

**Day:**

\_\_\_\_\_

**Year:**

\_\_\_\_\_