

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:

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:

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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 Dependents (If any): _____

Total Income of APPLICANT: \$ _____

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

Name: _____ **Phone Number:** _____

House Number & Street: _____

City: _____ **Province:** _____

Postal Code: _____ **Country:** _____

Name: _____ **Phone Number:** _____

House Number & Street: _____

City: _____ **Province:** _____

Postal Code: _____ **Country:** _____

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:

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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: _____