APPLICATION FOR BURSARY

Ladies' Auxiliary, Alberta-N.W.T. Command, The Royal Canadian Legion, awards Brusary for ALBERTA and N.W.T. STUDENTS, entering <u>FIRST</u> year University, Schools of Technology and art, Nursing programs, and all recognized colleges. Applicant must be a graduate of the previous or current year. The Bursaries are not for mature students i.e. students over twenty years of age.

APPLICANT'S NAME		
(Surname)	(First Name)	
ADDRESS		
CITY OR TOWN	POSTAL CODE:	
PHONE	DATE OF BIRTH:	
NAME OF HIGH SCHOOL ATTENDED		
GRADUATION YEAR		
NAME AND ADDRESS OF INSTITUTION APPLYING TO		
NAME OF COURSE REGISTERING		
Recommendations: Letter of reference to be obtained <u>before</u> the end of the school term from one of the following - School Principal, Home Room Teacher or Counselor. Applicant must also forward a letter stating the need for financial assistance and the reason for selecting the above course.		
Complete Application form, with the required letters and a photocopy of grade 12 official high school transcripts. Transcripts that do not state "diploma granted" will not be processed. Application deadline is August 31. Mailing address is Ladies' Auxiliary Bursary Chairman, P.O. Box 44039 SouthCentre, Calgary, AB T2J 7C5. Or email lacommand152@gmail.com		
Qave you enclosed: ○ School Letter ○ High School Transcripts "diploma granted" ○ Student Letter stating reason bursary is needed.		

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

To be eligible applicants must meet one of the following categories. All applicants must be a registered Alberta or North West Territories High School student. Please check one of the categories that apply to you.

O I am a child of, grandchild, great-grandchild, niece, nephew, or great niece &

nephew of veterans' personnel.

O I am a child of or grandchild of current person	onnel, RCMP.
 I am a child of a Reserve Personnel, and Fire-fighters (paid or volunteer) who have served a minimum of one year, in advancing their education. 	
O I am a child of and grandchild of Auxiliary or Branch member.	
NAME OF LADIES' AUXILIARY MEMBER	
BRANCH NAME OR NAME OF NEAREST LEGION WHERE PRESENTATION CAN BE MADE	
PRESENT OCCUPATION OF FATHER/GUARDIAN	
PRESENT OCCUPATION OF MOTHER/GUARDIAN	N
NAME OF GUARDIAN	
NUMBER OF DEPENDENT CHILDREN IN HOME	
ADDRESS OF PARENTS/GUARDIAN (if different)	(Including applicant)
PHONE NUMBER (if different)	
The following confidential information must be completed or application will not be considered. Yearly income as stated on Net Income Line of last income tax returned filed with Revenue Canada. Father Mother	
Guardian Other Ho	usehold Income
Signature of Applicant S	ignature of Parent or Guardian

DECLARATION OF APPLICANT

Having read the instructions, I declare that:

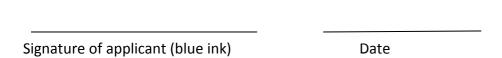
I am making application for the Ladies' Auxiliary Bursary.

I have answered all questions applicable to me and that all information given is true and complete.

I accept that, in many award decisions, there is some subjectivity involved because qualitative aspects are being considered among students with varying personal circumstances.

Further to the provisions of the Freedom of Information and Protection Privacy Act, I give permission to the Ladies' Auxiliary to verify the following disclosures/exchanges of personal information to determine my eligibility and/or suitability (academic and/or behavioral and/or financial) for my intended award as part of the review and administration of my application.

I accept that a normal part of the Bursary Program is the release of selected information about awards recipients, including myself, of an identifying nature (e.g. name, program, hometown and photograph) to the media as part of the process of community relations of the Ladies' Auxiliary to the Royal Canadian Legion Alberta N.W.T. Command.





The Royal

Canadian

Legion
Ladies Auxiliary
Alberta - N.W.T. Command

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