

# CONFIDENTIAL

(When completed. Information will not be shared)

## BURSARY APPLICATION FORM

This form must be legible – **PLEASE PRINT or fill in on your PC**

Date: \_\_\_\_\_

GENERAL INFORMATION Social Insurance Number \_\_\_\_\_

Name: \_\_\_\_\_  
[Surname of applicant] [Given names]

Present Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### SERVICE and LEGION MEMBERSHIP INFORMATION

Ex-service member name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_  
[Explain if surname is different from yours]

Military service number: \_\_\_\_\_

Date of enlistment: \_\_\_\_\_ Date of release: \_\_\_\_\_

[A photocopy of service records must be attached]

If you, your parent(s) or grandparent(s) are a member of the Royal Canadian Legion, complete the section below.

Members name: \_\_\_\_\_ Branch: \_\_\_\_\_

Members name: \_\_\_\_\_ Branch: \_\_\_\_\_

### POST SECONDARY INFORMATION

Institution name and complete address: \_\_\_\_\_

Your course or program: \_\_\_\_\_

Duration: \_\_\_\_\_ I am registered in year: \_\_\_\_\_ Student I.D. # \_\_\_\_\_

List your extra activities (clubs, sports, music, volunteer work, etc.): \_\_\_\_\_

\_\_\_\_\_

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## ESTIMATED EXPENSE FOR ACADEMIC/VOCATIONAL YEAR (in Canadian funds)

Tuition fee \$ \_\_\_\_\_ per school year (Sept-Aug)  
Books \$ \_\_\_\_\_ per school year (Sept-Aug)  
Tools/instruments, computer/supplies \$ \_\_\_\_\_ per school year (Sept-Aug)  
Room and board \$ \_\_\_\_\_ per school year (Sept-Aug)  
Transportation \$ \_\_\_\_\_ per school year (Sept-Aug)  
Total expenses \$ \_\_\_\_\_ per school year (Sept-Aug)

## FINANCIAL RESOURCES

Have you applied for OSAP (yes/no) \_\_\_\_\_ Amount of approved loan \$ \_\_\_\_\_

If you have been refused assistance from the Ontario Student Assistance Program or you are ineligible to apply, you must provide a letter from OSAP confirming your status.

Students changing course will not be considered for assistance.

Name of Scholarship or Bursary awarded: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

No. of dependents residing at home \_\_\_\_\_

No. of dependents in post-secondary schools \_\_\_\_\_

Combined gross income of parents for the previous year (all sources) \$ \_\_\_\_\_

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

Student assets (bonds, securities, cash, etc.) \$ \_\_\_\_\_

Anticipated budget for academic year Total expenses \$ \_\_\_\_\_

Total resources \$ \_\_\_\_\_

Differences between total expenses and total resources (indicate a deficit amount with a - )

**DIFFERENCE** \$ \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Additional information that you feel is important and related to this application may be attached as an additional sheet. Please include your name and address at the top.

Email \_\_\_\_\_