

**Royal Canadian Legion Moncton Branch #6**  
**100 War Veterans' Ave Moncton N.B. E1C 0B3**  
**(Bursary Application 2024)**

Name \_\_\_\_\_

Address (Home) \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_ SIN (see note) \_\_\_\_\_

Email address or alternate phone number \_\_\_\_\_

Graduate of \_\_\_\_\_ High School Year \_\_\_\_\_

What Educational Institution will you be attending \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Is this your first, second, third year etc. of attendance? \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Gross Yearly Income \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Gross Yearly Income \_\_\_\_\_

If self supporting- Occupation \_\_\_\_\_ Gross Yearly Income \_\_\_\_\_

How many are being supported by income(s) (Include parents) \_\_\_\_\_

Ages of Dep Children \_\_\_\_\_

Other siblings in College/Univ \_\_\_\_\_ Number \_\_\_\_\_

**Name of Veteran who you are applying under (circle one)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Parent/Grandparent/Great Grandparent/Legion Member (Yes/No) - Branch Name \_\_\_\_\_

**DOCUMENTS REQUIRED**

1. A Copy of either (Parent, Grandparent or Great-grandparent) discharge paper/service record/ Legion (Ordinary) Card/ National Defence Card.

2 An acceptance letter from the Educational Institution which you will be attending. If it is second, third year etc. an acceptance letter is still required.

**NOTE Deadline to submit your application is May 3<sup>rd</sup>. No exceptions. One Bursary per family.**

The Decision of the Bursary Committee is final, successful applicants will be notified by phone or mail. Incomplete applications will not be considered.

**Student**

I, being of the age of Majority, give my permission to the Royal Canadian Legion to publish picture(s) and name of said applicant in the Media, and/or public display and/or Legion Magazine, if selected for bursary for the sole purpose of promoting this program and the Legion.

If under the age of majority, form must be signed by parent or guardian. **Failure to provide signature will void application**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE**

- All indicated areas must be completed – applications will NOT be processed unless complete
- SIN (Social Insurance Number) is required by Federal Law
- Documents required; copies only please
- All applications are shredded after the selection process is complete and NO documentation is returned.