



THE ROYAL CANADIAN LEGION ONTARIO BELLS CORNERS BRANCH 593



POPPY TRUST FUND

BURSARY ASSISTANCE PROGRAM

RATIONALE: The Bursary Program is designed to assist students entering or continuing their post-secondary education, including courses and programs of a technical and vocational nature, outside of and beyond secondary school. Approved bursary assistance is not based upon scholastic standing but rather on the successful admission status to a post secondary institution or successful completion of one or more years leading to a recognized degree, diploma or certificate

ASSISTANCE: Students applying for assistance may be granted a Bursary based on documented need in the amount of \$200.00 to \$500.00 per scholastic year (September to August) as determined by the Branch Bursary Committee.

Students entering a diploma or certificate course, usually of a shorter duration with reduced tuition, may be granted assistance at a rate to be determined by the Branch Bursary Committee.

Indentured apprentices may apply for assistance for the purchase of tools and instruments.

ELIGIBILITY:

- (1.) Canadian and Commonwealth War veterans and their children and grandchildren.
- (2.) Ordinary and Life members of The Royal Canadian Legion Branch 593 in good standing and their children and grandchildren.
- (3.) Associate members of The Royal Canadian Legion Branch 593 in good standing and their children.
- (4.) Primary residences must in the old city of Nepean excluding Barrhaven

APPLICATIONS: Application forms are available from the following:

- a) The Royal Canadian Legion Bells Corners Branch 593
- b) Branch Web Site – www.legion593.ca

STUDENTS RESPONSIBILITY:

It is the student's responsibility to complete and mail this application directly to the address below. **Section C or D is to be completed by the Legion Branch of the students sponsor PRIOR to completing the application Legion Bursary applicants are required to make application to OSAP (or its equivalent in other provinces). A copy of the "OSAP Assessment Summary or Summary of Full OSAP Application (if done on line, at least 9 pages) must be attached to the application. If an application form is received and is missing the required information, the application will be declined.**

All applications completed in full must be received by Ontario Command by the last Friday in March from students who are currently attending post secondary education. Students changing courses will not be considered. The Royal Canadian Legion reserves the right to authenticate all information pertaining to the application prior to any decision being given.

Applicants will be notified by mail as to the decision of the Branch Bursary Committee.

This decision is final and can not be appealed. If you have been refused assistance from OSAP or you are ineligible to apply, you must provide a letter from OSAP confirming your ineligibility.

APPLICATIONS MUST BE RETURNED TO THE LEGION BY SEPTEMBER, 30th, 2009 BY 10:00 PM.

MAILING ADDRESS:

The Royal Canadian Legion
Bells Corner Branch 593
P.O. Box 11187
Station 'H'
Ottawa, Ontario
K2H 7T9

Drop off Address

**The Royal Canadian Legion
Bells Corners Branch 593**
4026 Richmond Road
Nepean, Ontario
K2R 1H7

Contact info

Phone: (613) 829-4609
Fax: (613) 829-6537

<http://www.legion593.ca/contact.html> for Map

SOCIAL INSURANCE NUMBER: _____ email: _____

PLEASE PRINT: STUDENT'S

1. NAME IN FULL: _____ **DATE OF BIRTH:** D: _____ M: _____ Y: _____

PRINCIPAL HOME ADDRESS: _____ APT #: _____

CITY OR TOWN: _____ POSTAL CODE: _____ TEL. NO. _____

RESIDENCE SCHOOL ADDRESS: _____ TEL. NO. _____

2. PERSONAL STATUS: SINGLE _____ MARRIED _____ # OF DEPENDENTS _____ OTHER: _____

3. EDUCATION OR TRAINING LEVEL WHICH PROVIDES FOR ADMISSION TO UNIVERSITY/COLLEGE

Secondary School attended: _____ Graduation Date: D: _____ M: _____ Y: _____

Mature Student: _____

Other: _____ Explain, giving details: _____

4. UNIVERSITY, COLLEGE, SCHOOL OR ASSOCIATION ATTENDING:

ADDRESS: _____

COURSE OR PROGRAM REGISTERED IN: _____

LENGTH OF COURSE: (please state number of) Years: _____ Months: _____ or weeks: _____

YEAR YOU ARE REGISTERED IN: (Check) 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Year

DEGREE, DIPLOMA OR CERTIFICATE YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM:

5. ESTIMATED EXPENSES FOR ACADEMIC/OCATIONAL YEAR (In Canadian funds): per school year (Sept.-Aug.)

TUITION FEES	\$	_____	TOOLS - INSTRUMENTS - LAP TOP	\$	_____
BOOKS	\$	_____	TRANSPORTATION	\$	_____
ROOM & BOARD	\$	_____	TOTAL EXPENSES:	\$	_____

6. FINANCIAL RESOURCES:

Have you applied for the Ontario Student Assistance Program (OSAP) (yes/no) _____

Amount of approved loan: \$ _____

7. Have you received an Ontario Command Legion Bursary in the past? If so indicate years: _____

If you have been refused assistance from OSAP or you are ineligible to apply, you must provide a letter from OSAP confirming your ineligibility.

Students changing courses will not be considered for assistance under the Bursary Program.

8. **AWARDS: SCHOLARSHIPS & BURSARIES RECEIVED:**

Name of Scholarship:	_____	Amount \$	_____
Name of Bursary:	_____	Amount \$	_____
	_____	Amount \$	_____

THIS SECTION MUST BE COMPLETED IN DETAIL BY THE STUDENT

9.

Total number of siblings residing at home (not including the student)	_____
Number of sibling children: attending Post-Secondary School	_____
Combined gross income of parents for the previous year (all sources)	Total Amount \$ _____
Student's income if single (from all sources)	\$ _____
Student's combined income if a married student (from all sources)	\$ _____
Student's total assets (bonds, securities" cash in bank, etc.)	\$ _____

10. **RESEARCH ESSAY**

Provide a research essay of 200-300 words. In addition, provide comment on/dicuss content of essay. Some examples of suggested topics are;

- a) Eligibility for Legion Membership
- b) Origin and history, aims and objectives of the Legion
- c) The Poppy Campaign, organization, disbursement of funds
- d) Assistance to veterans and their dependents
- e) Legion involvement in education, schools, sports and cadets
- f) Personal anecdotes of your parents or grandparents relative to military of Legion service
- g) The history of the Royal Canadian Navy or a ship; the Canadian Army or a regiment; The Royal Canadian Air Force or a Squadron
- h) A significant battle that Canadians took participated in e.g. Boer War, WWI, WWII, Battle of the Atlantic, Battle of Britain, Dieppe, Normandy, Italy, Korea, Gulf War, Yugoslavia, Peacekeeping etc.
- i) Canadian Victoria Cross Winners
- j) Silver Cross mothers

11. **ADDITIONAL INFORMATION** related to this application that you feel is important: (To be completed by student)
 (Should more space be required please attach an additional sheet with your name and address at the top)

I understand that a copy of my application with all the information (personal or otherwise) would be accessible only to members of the Bursary Committee(s) dealing with bursary awards. I also understand that communication with my .family may be necessary to clarify information in order to process my application. Again, this information may only be discussed with the members of that committee, with a specific purpose of providing financial assistance towards my education supplement request.

Signature of student: _____ Date: _____

SECTION B: THIS SECTION IS APPLICABLE ONLY TO THE CHILD/GRANDCHILD OF CANADIAN AND COMMONWEALTH WAR VETERAN WHO IS DECEASED OR NOT A LEGION MEMBER. A PHOTOCOPY OF THE WAR VETERAN'S SERVICE PAPERS **MUST** BE ATTACHED TO THIS APPLICATION.

NAME OF PARENT/GRANDPARENT _____ SERVICE NUMBER _____
UNIT SERVED WITH _____ DATE OF ENLISTMENT _____
DATE OF DISCHARGE _____ DATE DECEASED _____

SECTION C: BRANCH MEMBERSHIP - Mark an X in one of the following:

Ordinary Member _____ Ordinary Member's Son or Daughter _____ Ordinary Member's Grandchild _____
Life Member _____ Life Member's Son or Daughter _____ Life Member's Grandchild _____
Associate Member _____ Associate member's Son or Daughter _____

(PRINT) STUDENT'S FULL

NAME OF BRANCH: _____ **PARENT** _____ OR GRANDPARENT _____

BRANCH No: _____ BRANCH ADDRESS (in full): _____

I certify that _____ is a current member in good standing.

AUTHORIZED SIGNATURE: _____ TITLE: _____

Printed Authorized Signature: _____ DATE: _____

NOTE: AUTHORIZED SIGNATURE IS THE PRESIDENT, MEMBERSHIP CHAIRMAN OR THE SECRETARY OF THE BRANCH.

SECTION D: TO BE COMPLETED PRIOR TO SUBMISSION TO REGISTRAR FOR ENDORSEMENT AND APPENDING OF SEAL. PROOF OF ENROLLMENT MUST BE ENDORSED BY REGISTRAR

I certify that _____ **Is enrolled at**

NAME OF UNIVERSITY/COMMUNITY COLLEGE: _____

NAME OF COURSE: _____ YEAR ENROLLED IN: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Printed Authorized Signature: _____

NOTE: AUTHORIZED SIGNATURE IS THE PRESIDENT, MEMBERSHIP CHAIRMAN OR THE SECRETARY OF THE BRANCH.

SECTION E: TO BE COMPLETED IN DETAIL PRIOR TO SUBMISSION FOR ENDORSEMENT BY VOCATIONAL OR APPRENTICESHIP COMMITTEE.

I certify that _____ **Is enrolled at**

NAME OF UNIVERSITY/COMMUNITY COLLEGE: _____

NAME OF COURSE: _____ YEAR ENROLLED IN: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Printed Authorized Signature: _____

August 2009