## 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 for the following disclosures/exchanges of personal information to determine my eligibility and/or suitability (scademic 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, photograph) to the media as part of the process of community relations of the Ladies' Auxiliary Alberta-N.W.T. Command.

Signature (in ink)

Date

The Royal Canadian Legion Ladies' Auxiliary Alberta – N.W.T. Command

Application for Bursary

Incomplete Applications will not be considered

## APPLICATION FOR BURSARY

Ladies' Auxiliary, Alberta-N.W.T. Command, The Royal Canadian Legion, in the sum of \$500.00 for ALBERTA and N.W.T. STUDENTS, entering FIRST year University, Schools of Technology and art, Nursing programs, and all recognized colleges. 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 NAI		(Christian Name)	
DATE OF BIRTHSOC. INS. #			
CITY OR TOWN	14 18 144 1 1 1 14 06601 BB0 1 (P444 S) 2000-0044 61 1 200 1	0 1 0 0 1 1 0 0 0 0 0 0 1 1 1 1 1 1 1 1	
POSTAL CODE	PHONE	DDI 2004   14 - 2004   1   2004   2   1   2004   2   1   2   2   2   2   2   2   2   2	
NAME OF SCHOO	L ATTENDED	ddabii baanbbda;	
Bbottajogo i 144 SPP1 800 f 144 BD4 of 1 1 40PD	1	YEAR	
I hereby make appli	cation for one of the Bu	rsaries mentioned above to	
assist me in attending the (Name and address of Institution)			
	TYPE OF COURSE YOU PLÂN TO TAKE		

Recommendations: Letter of reference to be obtained before the end of the school term from either the 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.

The competed Application form, with the required letters should be mailed on or before August 26th, to the Ladies' Auxiliary Bursary Chairman, 2020-15th Street N.W., Calgary, AB T2M 3N8.

THE STUDENT'S MARKS FOR GRADE X11 TO BE FORWARDED AS SOON AS AVAILABLE, BUT NOT LATER THAN AUGUST 26th, STUDENTS WILL BE INFORMED OF THE COMMITTEE'S DECISION BY OCTOBER 15th.

	NT, GRANDPARENT, GREAT UNT, OR GREAT UNCLE/AUNT.
NAMESurname	Christian Name
RELATION TO APPLICAN	T
REGIMENTAL No	4
DETAILS OF SERVICE	[14,54] / 441,54  21 [15,643,66(23,0664,28,0644,3,2844,3,344,3,446,111,3,404,0] or 40,011,1
UNIT OF SERVICE	
非小子 化异 有水 化香油 李 李 李 李 李 李 李 林 明 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋 宋	非老弟母母母母母女女女女女女女女女女女女女女女女女女女女女女女女女女
PRESENT OCCUPATION OF	FATHER
, 1	MOTHER
IF EITHER PARENT DECEAS	SED, DATE OF DEATH
NUMBER OF DEPENDENT (	HILDREN (including applicant)
ADDRESS OF PARENTS (if a	lifferent)
TELEPHONE No. (if different	
IF LEGION MEMBER, STATI	BRANCH
OR NAME OF NEAREST LEC	GION BRANCH
rearly Income as stated on NE Income Tax Return of:	formation.  ered if this section is not complete).  T INCOME LINE of current year's
Signature of Applicant	Signature of Parent or Guardian

Have you enclosed? Student letter......School letter......

Transcript of High School marks.....