



## THE ROYAL CANADIAN LEGION STOUFFVILLE BRANCH 459

### POPPY FUND BURSARY ASSISTANCE PROGRAM

**RATIONALE:** The Bursary Program is designed to assist students entering or pursuing their post-secondary education, including courses or programs 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 completion of the current year of study and recommendation by the Stouffville Branch 459 Bursary Committee.

**ASSISTANCE:** Students applying for assistance may be granted a Bursary based on documented need in the amount of \$500.00; as determined by the 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 Bursary Committee.

**ELIGIBILITY:** The granting of bursaries to students who are Veterans, children, grandchildren, great-grandchildren, spouses or surviving spouses of Veterans; **who are in need of financial assistance**. Bursaries may be awarded at any stage of a college or university program. The use of Poppy Trust Funds for Scholarships is **NOT** authorized.

This bursary is open to residents of Whitchurch Stouffville and Markham, Ontario, Canada.

**VETERAN:** A Veteran is any person who is serving or who has honourably served in the Canadian Armed Forces, the Commonwealth or its wartime allies, or as a regular member of the Royal Canadian Mounted Police, or as a Peace Officer in a special duty area or a special duty operation, or who has served in the Merchant Navy or Ferry Command during wartime.

**APPLICATIONS:** Applications forms are available from the following:  
- Secondary School Guidance Offices  
- Online  
- Stouffville Legion, Branch 459, Located at 150 Mostar Street  
Stouffville, Ontario, L4A-0Y2

## **STUDENT'S RESPONSIBILITY:**

### **IT IS THE STUDENT'S RESPONSIBILITY TO COMPLETE AND MAIL THIS APPLICATION DIRECTLY TO THE ADDRESS BELOW**

Applicants are required to make an application to OSAP (or its equivalent in other provinces). Should an application be received and missing the required information, the application will be returned one time only for correction & resubmission.

**Applications must be received by Stouffville Branch 459 prior to the last Friday of 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 Bursary Committee. **This decision is final and cannot be appealed.** You must include following documents in order to ensure a complete application is received.

1. **CLEARLY PRINT** - Your name, social insurance number and email address
2. **PRINT** - OSAP Funding Summary
3. **PRINT** - OSAP Application Data on File
4. **ATTACH A COPY** - Proof of service of a Veteran - Discharge Certificate, Record of Service or ND175 Card
5. **ATTACH** - Proof of Relationship of the student to the Veteran (required)
6. **ATTACH A COPY** - of the "Verification of Enrolment" or "Confirmation of Enrolment" from your student profile.

**ONLY ORIGINAL APPLICATIONS WILL BE CONSIDERED BY THE COMMITTEE.  
(DO NOT FORWARD COPIED, EMAILED, SCANNED OR FACSIMILED VERSIONS)**

**MAILING ADDRESS:** The Royal Canadian Legion - Branch 459  
150 Mostar Street, Stouffville, Ontario L4A-0Y2

## **SECTION A: APPLICATION FOR BURSARY ASSISTANCE CONFIDENTIAL**

**SOCIAL INSURANCE NUMBER:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PLEASE PRINT:**

**1. STUDENT'S FULL NAME:** \_\_\_\_\_

DATE OF BIRTH: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

PRINCIPAL HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. NO: \_\_\_\_\_

**2. PERSONAL STATUS:** SINGLE \_\_\_\_ MARRIED \_\_\_\_ #OF DEPENDENTS \_\_\_\_ OTHER \_\_\_\_

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

Secondary School attended: \_\_\_\_\_ Graduation Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Mature Student: \_\_\_\_\_

**4. UNIVERSITY, COLLEGE, SCHOOL OR ASSOCIATION ATTENDING:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROGRAM REGISTERED IN: \_\_\_\_\_

TOTAL LENGTH OF PROGRAM: \_\_\_\_\_

YEAR YOU ARE REGISTERED IN: (CIRCLE). 1. 2. 3. 4. 5. YEAR

DEGREE, DIPLOMA YOU WILL RECEIVE ON SUCCESSFUL COMPLETION OF PROGRAM: \_\_\_\_\_

**5. ESTIMATED EXPENSES FOR ACADEMIC YEAR (In Canadian Funds):**

TUITION FEES \$ \_\_\_\_\_ per school year (Sept. - Aug.)

TOOLS/INSTRUMENTS/LAPTOP \$ \_\_\_\_\_ per school year (Sept. - Aug.)

BOOKS \$ \_\_\_\_\_ per school year (Sept. - Aug.)

ROOM & BOARD \$ \_\_\_\_\_ per school year (Sept. - Aug.)

TOTAL EXPENSES: \$ \_\_\_\_\_ per school year (Sept. - Aug.)

**6. FINANCIAL RESOURCES:**

Have you applied for the Ontario Student Assistance Program (OSAP) OR equivalent. YES. NO

Amount of OSAP LOAN (You Repay): \$\_\_\_\_\_ Amount of OSAP GRANTS (You Keep):\_\_\_\_\_

**YOU MUST PRINT OFF A COPY OF THE OSAP APPLICATION DATA ON FILE  
AND OSAP FUNDING SUMMARY OR TOTAL OSAP AID ISSUED.**

7. Have you received or applied for any other Royal Canadian Legion Bursaries in the past or present

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**AWARDS: SCHOLARSHIPS & BURSARIES RECEIVED:**

Name of Scholarship \_\_\_\_\_ Amount \$\_\_\_\_\_

Name of Bursary \_\_\_\_\_ Amount \$\_\_\_\_\_

\_\_\_\_\_ Amount \$\_\_\_\_\_

\_\_\_\_\_ Amount \$\_\_\_\_\_

**IF YOU HAVE BEEN REFUSED ASSISTANCE FROM OSAP OR ARE INELIGIBLE TO APPLY, YOU  
MUST PROVIDE THE APPLICATION DATA ON FILE AND STATUS SUMMARY CONFIRMING  
YOUR INELIGIBILITY.**

**Students changing programs will be declined.**

**Students completing a program through continuing or  
distance education maybe considered for the Bursary Program.**

**THIS SECTION MUST BE COMPLETED IN DETAIL BY THE STUDENT**

8. Total number of siblings residing at home (not including the applicant) \_\_\_\_\_

Number of siblings attending Post-Secondary School \_\_\_\_\_

Combined net income (line 236 of tax return) of the parent(s)/guardian(s)  
From the previous year (**DO NOT COMPLETE IF YOU ARE A MATURE STUDENT**) \$\_\_\_\_\_

Student's income if single (from all sources) \$\_\_\_\_\_

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

Student's total locked in assets (bonds, securities, RRSP, RESP etc) \$\_\_\_\_\_

Student's cash in the bank \$\_\_\_\_\_

**9. ADDITIONAL INFORMATION \*HIGHLY RECOMMENDED\*** 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)

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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 specific purpose of providing financial assistance towards my education supplement request.



By checking this box, you authorize your parent(s) to inquire and communicate on your behalf regarding the status of this application.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B:** A COPY OF THE VETERAN'S DISCHARGE CERTIFICATE OR A COPY OF THE RECORD OF SERVICE OR A COPY OF THE MPRR **MUST** BE ATTACHED TO THIS APPLICATION

SERVICE DOCUMENTS CAN BE OBTAINED FROM LIBRARY & ARCHIVES CANADA IN OTTAWA. SEND A COPY ONLY. PROOF OF RELATIONSHIP IS REQUIRED.

NAME OF VETERAN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SERVICE NUMBER \_\_\_\_\_ UNIT SERVED WITH \_\_\_\_\_

DATE OF ENLISTMENT \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_ LIVING/DECEASED \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE VETERAN LISTED ABOVE? \_\_\_\_\_

**SECTION C: COMPLETE PRIOR TO SUBMISSION TO REGISTRAR FOR ENDORSEMENT & SEAL  
ALTERNATIVELY, ATTACH A COPY OF THE VERIFICATION OF ENROLMENT OR  
CONFIRMATION OF ENROLMENT**

I certify that \_\_\_\_\_ is enrolled at \_\_\_\_\_

NAME OF UNIVERSITY/COLLEGE: \_\_\_\_\_ Province: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_ YEAR ENROLLED: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Authorized Signature: \_\_\_\_\_

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

I certify that \_\_\_\_\_ is enrolled at

NAME OF UNIVERSITY/COLLEGE: \_\_\_\_\_ Province \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_ YEAR ENROLLED \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Authorized Signature: \_\_\_\_\_