



The Royal Canadian Legion Branch 133

2675 Shaughnessy Street
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Bursary Application

STUDENT INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS IF NOT LIVING AT HOME WHILE AT SCHOOL:

S.I.N.#: _____

STUDENT ID #: _____

DATE OF BIRTH: _____

DATE / MONTH/ YEAR

COLLEGE/UNIVERSITY INFORMATION

NAME OF SCHOOL: _____

CAMPUS: _____

ADDRESS: _____

PHONE NUMBER: _____

WHAT YEAR WILL YOU BE IN? 1ST _____ 2ND _____ 3RD _____ 4TH _____

WAS A PREVIOUS BURSARY APPLIED FOR? YES _____ NO _____

WHAT YEAR(S) DID YOU APPLIED? _____

WHAT YEAR(S) WERE YOU SUCCESSFUL: _____



FINANCIAL INFORMATION – TO BE COMPLETED AT BRANCH

FAMILY TAXABLE INCOME: \$ _____

MOTHER'S OCCUPATION: _____

FATHER'S OCCUPATION: _____

***PLEASE SHOW COPY OF CANADA REVENUE TAX ASSESSMENT FOR THE PREVIOUS YEAR.
THIS IS TO DETERMINE FAMILY TAXABLE INCOME.***

WERE YOU SUCCESSFUL IN APPLYING FOR A STUDENT LOAN OR GRANT?

YES _____ NO _____ IF YES FOR WHAT AMOUNT? \$ _____

MILITARY SERVICE INFORMATION

FULL NAME: _____

PARENT: _____ GRANDPARENT: _____

SERVICE NUMBER: _____

ENLISTMENT DATE: _____

DISCHARGE DATE: _____

WW1 _____ WW11 _____ KOREA _____ REGULAR _____ (check applicable)

IS VETERANS ASSISTANCE OR DISABILITY PENSION INVOLVED?

YES _____ NO _____

IF YES, STATE NATURE OF DISABILITY AND AMOUNT RECEIVED: _____

SIGNATURE OF APPLICANT THAT ALL INFORMATION IS CORRECT:

INTERVIEWER COMMENTS

INTERVIEW CONDUCTED BY: _____

DATE: _____

OFFICE HELD AT BRANCH: _____

BRANCH NUMBER: _____ CITY: _____

SIGNATURE OF INTERVIEWER: _____