BURSARIES

APPLICATION FORMS MUST BE RETURNED TO:

THE GREATER EDMONTON POPPY FUND

14339 -50 STREET

EDMONTON, ALBERTA T5A 0S9

PHONE: 780-425-8654

EMAIL: assistant.manager@shaw.ca



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INFORMATION

- 1. <u>IT IS THE RESPONSIBILITY OF THE APPLICANT</u> to fully and properly complete the application and to ensure that all related items are submitted to the GREATER EDMONTON POPPY OFFICE. Upon receipt of the application, the applicant will be contacted to arrange a personal interview.
- 2. Applicant must provide a statement from the school principle, teacher, professor or dean, re: ability, character and scholastic ability.
- 3. A statement from the applicant setting forth his/ her aims. (neatly written, concise and stating only expected degree or profession.)
- 4. Bursaries are offered for applicants that are Veterans, children, grandchildren or great grandchildren of veterans. Veterans are classified as any person serving or who was honorably served in the Canadian forces, the Merchant Navy and RCMP and includes ex-service personnel of commonwealth and allied countries now residing in Canada. The applicant must reside in Canada.
- 5. Bursaries will be awarded to students wishing to attend or re attending university, a regional college or to attend an approved school for vocational or technical training in the province of Alberta.
- 6. The funds expended on these bursaries are generated by our Poppy Campaign.



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Section 1 – Student Information

Name of Appl	icant:		Date of Birth:					
		(Last, First)			(dd/mm/ivy)			
Home Address	5:	(Street)		(City)	(Dastal Carla)			
		(Street)		(City)	(Postal Code)			
Home Phone:		Cell:						
Email Address	:							
Your Mailing Ad	Idress if Not Living a	at Home While Attend	ing School					
Address:		(Street)						
		(Street)		(City)	(Postal Code)			
At the time of		vhat school year are ng:						
Name: _		Campus:						
Address: _		(Street)		(City)	(Postal Code)			
Phone: _		Student Number:						
What year wil	l applicate be in:	First Secon	d Third	Fourth				



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Section 3 – Military Service Information

Full Name of Veteran:							
Relationship to Veteran:	Self	Sp	ouse	Parent	Grandparent		
Service Number:	т	Type of Discharge:					
Enlistment Date:(dd/mm/yyyy)			Dischar	ge Date:			
(PLEASE ATTACH CONFIRM		(dd/mm/yyyy)					
(FLEASE ATTACH CONFININ	ING DOCOIVIEN	13)					
Coation 4 Financial I	nformation	if Don	ond ont				
Section 4 – Financial I (do not complete if self-s							
Occupation:				Net Income:	\$		
Mother's Name:							
0				Not be a second	^		
Occupation:				Net Income:	<u> </u>		
Applicant:				Net Income:	\$		
				Total Income:	\$		
NOTE: Declare income from disability pensioner, give ful				•	cax return. If a		
Does your family own their	own home?	Yes	No	Rent?	Yes No		
			Mont	hly Mortgage / Rent	:: <u></u> \$		



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Section 5 – Financial Information if Self-Supporting (do not complete if a Dependent see Section 4)

Is the applicant:	Single	Married	١	Number	of Depe	ndents:		
Income including spouse (if applicable) (If living in a single parent home, list income, alimony, and support payments if applications of the support payments of the support							able)	
Total Income:								
Section 6 – Oth	ier Gran	ts, Bursarie	s, Loans					
Is the applicant ap	plying for	a government lo	oan or grant	? ,	Yes	No		
Has the applicant	previously	applied for a Le	gion Bursary	y? '	Yes	No		
If so state year of application: Amount of Bursary:							\$	
Please note that a	applicatio	ns which are r	not fully co	mplete	d may k	e reject	ed.	
Section 7 – Dec	claration	n & Signatur	re e					
I hereby certify that all the above information including income and military service is correct								
Signature of Applicant							(dd/mm/yyyy)	