



British Columbia/Yukon
Command

BURSARY APPLICATION FORM

INFORMATION FOR APPLICANTS

Prior to completing this application form, please ensure you have carefully reviewed the *Bursary Application Form Instructions*. Contact your local Legion branch if you have any questions.

Section I – Student Information					
Surname			Given Name(s)		
Current home address					
Number	Street	Apt.	City	Province/Territory	Postal code
Mailing address (if different from current home address)					
Number	Street	Apt.	City	Province/Territory	Postal code
Email Address			Phone Number		

Section II – Post Secondary Institution Information					
Name of Post Secondary Institution					
Campus (if applicable)			Phone Number		
Address					
Number	Street	Apt.	City	Province/Territory	Postal code
Are you currently registered at this institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, when will you be registered? (Month/Year) _____		
Have you previously received a Legion Bursary? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, from which Branch and when? _____		

Section III – Financial Information**A** | To be completed if you are a dependant living with parent(s)/guardian(s)

Family Taxable Income: \$ _____

Number of people in the household _____

*Please bring a copy of your family's Canada Revenue Agency Notice of Assessment from the previous taxation year. This will be reviewed by the Legion Interviewer to confirm family taxable income.***B** | To be completed if you are living on your own or have dependants

Family Taxable Income: \$ _____

Number of dependants in your household _____

*Please bring a copy of your family's Canada Revenue Agency Notice of Assessment from the previous taxation year. This will be reviewed by the Legion Interviewer to confirm family taxable income.***C** | To be completed by all applicants

Income & Resources	
Employment Income	\$ _____
RESP Income	\$ _____
Parents' Contribution	\$ _____
Taxable Government Grants	\$ _____
Total Income	\$ _____

Section IV – Military Service Information

Surname

Given Name(s)

Identify relationship to applicant

- Parent
 Grandparent
 Great-Grandparent
 Spouse

CAF Service # _____

RCMP Service # _____

 Supporting documents provided**Section V – Confirmation**

Signature of Applicant

Date (YYYY-MM-DD)