



ROYAL CANADIAN LEGION

Montgomery Poppy Fund

BURSARY APPLICATION

All information is confidential. This form must be legible PLEASE PRINT OR TYPE.

SERVICE AND INFORMATION

Ex-service member's name:

Relationship to Applicant: (Explain if surname is different from yours)

Military Service Number: (copy of service records must be attached)

Date of Enlistment: _____ Date of Release: _____
DD/MM/YYYY DD/MM/YYYY

GENERAL INFORMATION

NAME: _____

Surname Given Names

Marital Status: Married: _____ Single: _____ # of Dependents: _____

Date of Birth: _____ Place of Birth: _____
DD/MM/YYYY

Present Address:

Suite/Apt # _____

City _____ Province _____ Postal Code _____



Signature of Applicant: _____

Mailing Address (if different from above): _____

POST SECONDARY INFORMATION

Institution Name and complete address: _____

Your course or program:

Duration: _____

I am registered in year: _____ Student ID #

Student and/or parent to be available for interview prior to Bursary Committee meeting. Additional information related to this Application, that you feel is important (to be completed by student). Use additional sheet if necessary: _____



Signature of Applicant: _____

Date: _____

