

Information

Ladies' Auxiliary, Alberta-NWT Command, The Royal Canadian Legion, awards Bursaries for Alberta or Northwest Territories high school student entering their **FIRST** year of a recognized post-secondary institution. This includes University, Schools of Technology and Art, Nursing Programs, and Colleges.

Applicant must be a graduate of the previous or current year. The Bursaries are not for mature students i.e. students over twenty years of age.

Complete the Application form along with the required documents and forward it to the address/email below. Application deadline is August 31.

Please check to ensure you have included:

- Completed Application Form
- A photocopy of your grade 12 official high school transcripts.
 (Transcripts that do not state "diploma granted" will not be processed).
- Letter of reference re: ability, character and scholastic ability from one of the following.
 - School Principal.
 - Home Room Teacher.
 - Counselor.
- Letter by the applicant stating his/ her aims.
 (neatly written, concise and stating only expected degree or profession).
- Letter by the applicant stating the need for financial assistance.

All questions on the application form must be answered or the application will not be considered. Students will not be contacted for missing information.

Mail To: Ladies' Auxiliary Command Office: Address: 5003 52 Ave, Wetaskiwin AB T9A 0W9

Hours: Wednesday and Thursday 8:30 AM - 2:00

Phone: 780-368-5015 Fax: 780-368-2045

or email lacommand152@gmail.com

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Part 1 Applicant's Information			
Applicant's Name:			
Last	First	I	nit.
Address:			
Street Address	City	Province	Postal Code
Phone Number (H)	(C)		
Date of Birth:	E-mail:		
Name of High School Attended:			
Name of Post Secondary Institution A	applying To:		
Address of The Post Secondary Instit	ution:		
Name of Course Registering For:			
Part 2 Applicant's Eligible			
All applicants must be a registered Al To be eligible, applicants must meet of categories that apply to you.)			
I am a child, grandchild, great- nephew of a veteran.	grandchild, niece, nepho	ew, or great niece	e or
I am a child, grandchild of curr	ent serving member, RC	CMP.	
I am a Reserve member, or Fir minimum of one year, and is lo	•	,	rved a
I am a child/grandchild of an A	uxiliary or Branch memb	er.	
Name of Ladies' Auxiliary Member (if	applicable):		

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Part 3 Parent/Guardian Information			
Name of Parent/Guardian # 1:			
Occupation:			
Name of Parent/Guardian # 2:			
Occupation:			
Address: Street Address	City	Province	Postal Code
Phone Number of Parent/Guardian (H)	1)	M)	
Number of Dependent Children in Home	(include applicant):		
Part 4 Applicant's Financial Information	on		
The following confidential information months to the considered. Yearly income as st income tax return, filed with Revenue Control of the con	ated on Net Income L		t
\$ Parent/Guardian # 1	\$_ Parent/Guard	ian # 2	
\$ Applicant	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Applicant Signature	Parent or Gua	ırdian Signature	_

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Part 5 Declaration of Applicant

Having read the instructions, I declare that:

I am applying for the Ladies' Auxiliary AB-NWT Command Bursary.

I have answered all questions applicable to me and said that all information given is true and complete.

I accept that, in many award decisions, there is some subjectivity involved because qualitative aspects are being considered among students with varying personal circumstances. Further to the provisions of the Freedom of Information and Protection Privacy Act, I give permission to the Ladies' Auxiliary to verify the following disclosures/exchanges of personal information to determine my eligibility and/or suitability (academic and/or behavioral and/or financial) for my intended award as part of the review and administration of my application. I accept that a normal part of the Bursary Program is the release of selected information about awards recipients, including myself, of an identifying nature (e.g. name, program, hometown and photograph) to the media as part of the process of community relations of the Ladies' Auxiliary to the Royal Canadian Legion Alberta NWT Command.

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Signature of applicant (blue ink)	Date		
Part 6 Office Use Only			
Date Received:	Received By:		
Date Forwarded to Bursary Chairpe			
Date Of Review:	Approved	Denied	
Justification:			
Signature of Bursary Chairperson:_			
Date of Presentation:	Location of Presentation:		

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