

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: 116 – 7 Avenue SE, Calgary, AB, T2G 0H5

Hours: Wednesday and Thursday 8:30 AM – 2:00 PM

Phone: 403 457-5015 Fax No 403 351-5015

or email lacommand152@gmail.com

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Part 1 Applicant's Information	on	
Applicant's Name: Last	First	Init.
Address:		
Street Address	City	Province Postal Code
Phone Number (H)	(C)	
Date of Birth:	E-mail:	
Name of High School Attende	d:	
Name of Post Secondary Insti	tution Applying To:	
Address of The Post Seconda		
	or:	
Part 2 Applicant's Eligible		
	ered Alberta or Northwest Territor t meet one of the following categ	
 I am a child, grandchild nephew of a veteran. 	l, great-grandchild, niece, nephe	v, or great niece or
○ I am a child, grandchild	of current serving member, RCI	MP.
	er, or Fire-fighters (paid or volunte and is looking to advance my edu	,
○ I am a child/grandchild	of an Auxiliary or Branch membe	r.
Name of Ladies' Auxiliary Mer	nber (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)	/)	Л)	
Number of Dependent Children in Home (in	nclude applicant):		
Part 4 Applicant's Financial Information			
The following confidential information must not be considered. Yearly income as stat income tax return, filed with Revenue Car	ed on Net Income Li		t
\$ Parent/Guardian # 1	\$ Parent/Guardi	an # 2	
\$ Applicant	\$ Other Househ (if applicable)	old Income	
Applicant Signature	Parent or Gua	rdian 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.

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 (circle one)
Justification:	
Signature of Bursary Chairperson:_	
Date of Presentation:	Location of Presentation:

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