



Stittsville Legion Branch 618  
1481 Stittsville Main St.  
Stittsville ON  
K2S 1A7  
613-836-1632

***BURSARY APPLICATION FORM***

The **COMPLETED** form must be delivered to the Stittsville Legion (address above) or e-mail to [bursary@stittsvillelegion.ca](mailto:bursary@stittsvillelegion.ca) **NO LATER THAN April 30, 2026.**

The Bursary money comes from the Poppy Trust Fund - you must have a history of Military Service, in your family as far back **ONLY** to your Great Grandfather or Great Grandmother to be eligible. You must also commit to participating in our Poppy Campaign and volunteer for a two-hour shift. If you are unable to participate, then you can have someone substitute on your behalf.

All Bursaries are limited to anyone up to the age of 25 and post secondary education only.

**PLEASE PRINT**

1. Name in Full: \_\_\_\_\_

2. Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

P.C. \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Date of Birth: D. \_\_\_\_ M. \_\_\_\_\_ Y. \_\_\_\_\_

4. Education or training level which provides for admission into UNIVERSITY/COLLEGE:

Secondary School attended: \_\_\_\_\_

Graduation Date: D. \_\_\_\_ M. \_\_\_\_\_ Y. \_\_\_\_\_

5. NAME OF FUTURE UNIVERSITY OR COLLEGE: \_\_\_\_\_

Length of Course: (Please State number of) Years \_\_\_\_\_ Months \_\_\_\_\_ or Weeks \_\_\_\_\_

Year you are registered in: (circle) 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>,

Degree, Diploma or Certificate you will receive on successful completion of program.

\_\_\_\_\_

Total estimated expenses for academic/vocational year (in Canadian funds) Consider: Tuition fees, books, room & board, and transportation to come to your total.

TOTAL EXPENSES \$ \_\_\_\_\_

6. Financial Resources: (Note: THE FOLLOWING INFORMATION WILL BE TREATED CONFIDENTALLY)

List the Name of Scholarships and Name of Bursaries as well as the amounts you have received: (note: this will not influence our decision)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are living with and/or are supported by parent(s) list their occupations and total income

Mother \_\_\_\_\_

Father \_\_\_\_\_

No of children in family of school age \_\_\_\_\_

Other dependants (if any) \_\_\_\_\_

Total Income of APPLICANT: \_\_\_\_\_

7. Give the name, phone number, and address of two persons willing to act as character references for you, other than your parents.

a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) \_\_\_\_\_

\_\_\_\_\_

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**8. Service number of relative (s), name, date served and unit:**

**Relationship to you:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If relative is deceased, was he/she killed in action, died while serving or since. Give details:**

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**Name and branch number of the Legion to which parent belongs (if applicable)**

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**9. Additional Information related to this application that you feel is important: (to be completed by student)**

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**NAME OF APPLICANT:** \_\_\_\_\_ **(Please Print)**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Date of Application:**    **D** \_\_\_\_\_ **M** \_\_\_\_\_ **Y** \_\_\_\_\_