



*The Royal Canadian Legion  
St. Albert Branch No. 271  
6 Tache Street  
St. Albert, AB T8N 2S4  
P: (780) 458-3330  
F: (780) 458-3331  
branch271@shaw.ca  
www.stalbertlegion.com*

January 23, 2023

To Whom It May Concern:

Enclosed is a Bursary Application for all eligible students. Requirements are that a relative must have served in the Canadian Armed Forces.

Please add our application to your existing list of scholarship and bursaries or make extra copies for those students who qualify.

Return all completed applications and supporting documents to the St. Albert Legion by **August 2023** to allow time to process.

Sincerely,

*Melody Grove*

Poppy Chair  
St Albert Legion #271

**POPPY FUND**

**Application for Bursary**

**Offered by the St. Albert Branch of the  
Royal Canadian Legion**

The Royal Canadian Legion Branch # 271 offers bursaries in the sum of \$500 – 2,500.00 for students who are children, grandchildren or great grandchildren of any of the personnel identified under section 401 of the Poppy Manual, and who have completed Grade XII. Bursaries may be awarded at any stage of a college or University program. The applicant must be a resident of Canada.

**Applicant Name** \_\_\_\_\_  
(Surname, Block letters) (Christian Names)

**Date of Birth** \_\_\_\_\_  
Day Month Year

**Postal Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Name of School Attended** \_\_\_\_\_

**Year Graduated** \_\_\_\_\_

**Name and Address of Principal or Counselor** \_\_\_\_\_  
\_\_\_\_\_

**Applicant must also submit a letter outlining educational goals and plans.**

**Applicant must provide proof of registration in an accredited Canadian University, College, or Technical School.**

**Application should be accompanied by a letter of reference from school Principal, Teacher or Secondary Instructor.**

ROYAL CANADIAN LEGION  
St Albert Branch No. 271  
POPPY FUND – BURSARY REQUEST  
Statement of Income and Expense Form

Request No: \_\_\_\_\_  
(Office only)

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# of Dependants: \_\_\_\_\_

Length of course: \_\_\_\_\_

**Monthly Income**

Gross Wages of Applicant  
(e.g. Summer employment) \_\_\_\_\_

Other Bursaries \_\_\_\_\_

Savings \_\_\_\_\_

Other sources of income  
(specify) \_\_\_\_\_

**Monthly Expenses**

Tuition \_\_\_\_\_

Other fees \_\_\_\_\_

Textbooks \_\_\_\_\_

Related Expenses  
(e.g. Equipment/Materials) \_\_\_\_\_

Rent \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Internet \_\_\_\_\_

Cell/telephone \_\_\_\_\_

Utilities \_\_\_\_\_

Transportation \_\_\_\_\_

Entertainment \_\_\_\_\_

Other expenses \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

**MONTHLY SURPLUS/DEFICIT** \_\_\_\_\_ (monthly income minus expenses)

**STATUTORY DECLARATION**

I solemnly declare that the above information is true and complete to best of my knowledge. This will also confirm that I consent to the collection and sharing of personal financial information for the sole purpose of assessing my application for Poppy Fund Assistance by authorized personnel only.

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Previous assistance from St. Albert Branch: Amount \$: \_\_\_\_\_ Date: \_\_\_\_\_

Request reviewed/supported by Poppy Chair or Co-Chair: \_\_\_\_\_ Date: \_\_\_\_\_

The following is confidential information since the Bursary is based on financial need. Application will not be considered if the section below is not completed. When the Bursary has been approved by the Membership, this information form is to be destroyed.

**SERVICE RECORD OF qualified person under Section 401**

Name \_\_\_\_\_  
(Surname, Block letters) (Christian names)

Relation to Applicant \_\_\_\_\_

Regimental No. \_\_\_\_\_ Unit of Service \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation of Father \_\_\_\_\_ of Mother \_\_\_\_\_

If Legion Member, state Branch Name and Number \_\_\_\_\_

**The application does not require Legion Membership to qualify**

Signature of Parent or Guardian \_\_\_\_\_

Dated \_\_\_\_\_

The **COMPLETED** application form **MUST** be submitted to the St. Albert Branch of the Royal Canadian Legion at:

6 Tache St  
St. Albert, AB  
T8N 2S4