

E-mail: vancouverpoppyfund@telus.net

VANCOUVER RESIDENCE ONLY
Application Deadline is 31 May.

BURSARY APPLICATION

Attention applicants: Before filling out this application form, please make sure you have received, read carefully and followed the "Regulations and Information" Sheet, which should be attached to this application form. Please contact us if you did not receive the above-mentioned sheet.

SECTION I Student Information

FULL NAME: _____

HOME ADDRESS: _____

PHONE NO. _____ (_____) _____

EMAIL ADDRESS _____

YOUR **MAILING** ADDRESS IF NOT LIVING AT HOME WHILE AT SCHOOL:

S.I.N. #: _____

STUDENT I.D. # _____

DATE OF BIRTH: _____
Date Month Year

SECTION II College/University Information

SCHOOL NAME: _____

CAMPUS: _____

ADDRESS: _____

PHONE: _____

WHAT YEAR WILL YOU BE IN? FIRST _____ SECOND _____ THIRD _____ FOURTH _____

WAS A PREVIOUS BURSARY APPLIED FOR? YES _____ NO _____

WHAT YEAR(S) DID YOU APPLY? _____

WHAT YEAR (S) WERE YOU SUCCESSFUL? _____

continued on reverse →

SECTION III Financial Information – To be completed at Interview

IF DEPENDENT (SUPPORTED BY PARENTS/GUARDIAN)

FATHERS NAME: _____ OCCUPATION: _____
GROSS INCOME: _____ S.I.N. #: _____

MOTHERS NAME: _____ OCCUPATION: _____
GROSS INCOME: _____ S.I.N. #: _____

IF SELF SUPPORTING

STATE PERSONAL INCOME-INCLUDING SPOUSE _____
IF LIVING IN A SINGLE PARENT HOME, LIST INCOME, ALIMONY
AND SUPPORT PAYMENTS OF SUPPORTING PARENT _____
WERE YOU SUCCESSFUL IN APPLYING FOR A STUDENT LOAN/GRANT?
YES ___ NO ___
IF YES WHAT AMOUNT? _____

SECTION IV Military Service Information

FULL NAME: _____ PARENT ___ GRANDPARENT ___ GREAT GRANDPARENT ___
SERVICE #: _____
ENLISTMENT DATE: _____ WWI _____
DICHARGE DATE: _____ WWII _____
KOREA _____
REGULAR _____
(Check above as applicable)

IS VETERANS ASSISTANCE OR DISABILITY PENSION INVOLVED? YES ___ NO ___
IF YES, STATE NATURE OF DISABILITY AND AMOUNT RECEIVED _____

SECTION V Interviewer Comments (Use separate page as required)

INTERVIEW CONDUCTED BY: _____
DATE OF INTERVIEW _____
SIGNATURE OF INTERVIEWER: _____
SIGNATURE OF APPLICANT THAT ALL INFORMATION IS CORRECT _____