

CONFIDENTIAL (when completed)

# The Royal Canadian Naval Benevolent Fund



## APPLICATION FOR NAVAL CENTENNIAL BURSARY PROGRAM (To qualify for consideration, all questions must be answered)

### PART I INFORMATION REGARDING STUDENT

(PLEASE PRINT ANSWERS)

Surname				
Given Names				
Address (# & Street)				
Address (City/Prov/Region/Code)				
Area Code/Phone				
Email				
Date of Birth	Marital Status	Single	Married	Common-law
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of University				
Student Number				
Years to obtain degree	# of year presently in	SIN#		

### PART II INFORMATION REGARDING PARENT

Surname	
Given Names	
Address (# & Street)	
Address (City/Prov/Code)	
Area Code/Phone	

(To qualify for consideration, all questions must be answered)

**PART III INFORMATION REGARDING STUDENT FINANCIAL SITUATION**

(PLEASE PRINT ANSWERS)

**1. Cost of Studies: - for the full academic year**

Tuition	\$
Student Society Fee	\$
Books and Supplies	\$
Transportation	\$
Room and Board	\$
Misc Expenses	\$
Other	\$
Total Expenses	\$

**2. Financial Support: - for the full academic year**

Cash on Hand	\$
Parents Help	\$
Student Loans	\$
Student Grants	\$
Scholarships	\$
Bursaries	\$
Employment Income	\$
Total Available	\$
Amount Required	\$

**PART III INFORMATION REGARDING STUDENT FINANCIAL SITUATION Con't**

(PLEASE PRINT ANSWERS)

**3. Liabilities of Student:**

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		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Liabilities</b>		\$	\$

**4. Employment Record:**

Occupation	Period (From/To)	Total Earned	Amount Saved for Tuition
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
	-	\$	\$
<b>Total Available for Tuition Purposes</b>			\$

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**(To qualify for consideration, all questions must be answered)**

**PART IV INFORMATION REGARDING SERVICE MEMBER/VETERAN**

To be completed by naval person, parent/grandparent(s), merchant navy veteran and supported by documentation. (PLEASE PRINT ANSWERS)

Surname of Parent(s)	
Given Names	
Official Service Number	
Relationship to dependant	
Date of Enlistment	
Date of Discharge	
Rank	
SIN	
Street Address	
City, Province	
Postal Code	
Area Code & Phone No	
Area Code & Fax No	
Email	

I certify that the above information is accurate, and herby authorize the Royal Canadian Benevolent Fund to make enquires that may be necessary in connection with verifying my naval service.

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Signature (Service Personnel)

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Date

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## **PART V APPLICATION REQUIREMENTS**

### **DOCUMENTATION REQUIRED FOR SUBMISSION WITH THIS FORM**

1. Personal letter of application
2. Proof of fulltime attendance from the university/college
3. Transcript of marks
4. Biography of academic achievements and work experience
5. Financial information of applicant
- 6 Details of personal/spouse/parent/grandparent (as applicable) naval service

ALL REQUIRED DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION. WE WILL NOT REQUEST ANY MISSING DOCUMENTATION. MISSING DOCUMENTATION MAY RESULT IN YOUR APPLICATION NOT BEING CONSIDERED. IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL REQUESTED DOCUMENTS ARE SUBMITTED. FAXED OR EMAIL COPIES ARE NOT ACCEPTED.

THIS APPLICATION MUST BE RECEIVED BY THE RCNBF BETWEEN THE 1st BUSINESS DAY OF SEPTEMBER AND THE LAST BUSINESS DAY OF OCTOBER TO THE ADDRESS SHOWN BELOW.

PO BOX, 505, STATION 'B'  
OTTAWA, ON  
K1P 5P6