

NEW BRUNSWICK



LADIES AUXILIARY

SCHOLARSHIP
APPLICATION FORM



**THE AUXILIARY COMMAND
OF
NEW BRUNSWICK PROVINCIAL COMMAND
ROYAL CANADIAN LEGION**

Read Carefully and follow the instructions **PLEASE PRINT**

1. At time of application send only high school marks.
2. Special consideration will be given to Ladies Auxiliary Member's children and grandchildren; Then to veterans and their grandchildren.
3. Should you be chosen as a recipient, it will be necessary to provide a Photostat copy of your Acceptance to the University or Technical Institute of your choice.
4. Deadline date return of application is June 30th.
5. If you are successful applicant, a letter will be sent to you.
6. At that time a cheque will be issue to registrar office of the institute in your name, no cheque will be issued to students.

Please fill in the following:

PART ONE → PERSONAL INFORMATION

NAME: _____ AGE: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

HIGH SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

DATE OF GRADUATION: _____

AVERAGE AT GRADUATION: _____

(GRADING TO BE DONE IN PERCENTAGE INCLUDE TRANSCRIPT OF MARKS FROM HIGH SCHOOL ONLY)

PART WO → COLLEGE / UNIVERSITY INFORMATION

SCHOOL NAME: _____

CAMPUS: _____

CAMPUS ADDRESS: _____

AREA CODE: _____ PHONE: _____

WHAT YEAR WILL YOU BE IN? FIRST: __ SECOND: __ THIRD: __ FORTH: __

COURSE OF STUDIES: _____



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PART THREE → FINANCIAL INFORMATION

IF DEPENDANT, FILL OUT THE FOLLOWING:

FATHER NAME: _____ OCCUPATION: _____

MOTHER NAME: _____ OCCUPATION: _____

TOTAL GROSS INCOME OF BOTH PARENTS: _____

NUMBER OF PERSONS SUPPORTED BY THIS INCOME: _____

IF INDEPEDANT FILL OUT THE FOLLOWING:

TOTAL GROSS INCOME: _____

PART FOUR → LADIES AUXILIARY OR VETERAN

IS ANY MEMBER OF YOUR FAMILY A VETERAN: YES: _____ NO: _____

(IF YES) NAME OF VETERAN: _____

RELATIONSHIP: _____

SERVICE: _____ WW I: _____ WW II: _____ KOREA: _____ VIETNAM: _____

PEACEKEEPING: _____ GULF: _____ REGULAR FORCES: _____

WAS ANY MEMBER OF YOUR FAMILY A MEMBER OF THE LADIES

AUXILIARY? YES: _____ NO: _____

(IF YES) NAME: _____ BRANCH NO: _____

RELATIONSHIP: _____

EXTRA CURRICULAR ACTIVITIES: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN TO:

JEAN STEVENS
162 LOCH LOMOND RD
SAINT JOHN, NEW BRUNSWICK
E2J 1Y1



**THE AUXILIARY COMMAND
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ROYAL CANADIAN LEGION**

Dear Student,

Thank you for your request for an application form for the scholarships being awarded by New Brunswick Command Ladies Auxiliary to the Royal Canadian Legion.

As we have so many applications and so few awards, we assess your application on a point system. All information you submit is held in strict confidence, so please be careful to answer **ALL** questions correctly and provide us with complete and accurate information. As we do not know you personally, we must assess your application on its merit alone.

If you have completed high school and are presently attending college, university, or technical institute, please include your high school graduation marks, as well as your university marks for the term just completed. Marks **MUST** accompany your completed scholarship application. If you have worked since graduating from high school, please write and attach a summary of intervening time.

Should you be chosen to receive one of our rewards, you will be notified by mail and will be requested to send a certified copy of your acceptance to the college, university, or technical institute.

Best wishes in your chosen field.

Yours truly,

Jean Stevens
Scholarship Chairman