



**NOVA SCOTIA/NUNAVUT COMMAND
THE ROYAL CANADIAN LEGION**

ELSIE JEAN LAMBERT MEMORIAL SCHOLARSHIP

COMPLETED APPLICATIONS INCLUDING ALL REQUESTED DOCUMENTATION MUST BE RECEIVED NO LATER THAN **APRIL 15TH**. The decision of the Bursary/Scholarship Committee is final.

SECTION 1: Student Information

- Print clearly or type all information requested.
- You must reside in Nova Scotia/Nunavut and be a Canadian Citizen.

SECTION 2: Post-secondary Institution Information

- Provide the name and address of the post-secondary institution you will be attending.
- Scholarships are awarded to students attending facilities on a full-time basis.
- Post graduate studies do not apply.

SECTION 3: Financial Information

- This section must be completed.

SECTION 4: Military Service Information

- A Veteran is any person who is serving or has honourably served in the Canadian Armed Forces, the Commonwealth or its wartime allies, or as a Peace Officer in a Special Duty Area or on a Special Duty Operation, or who has served in the Merchant Navy of Ferry Command during wartime.

PLEASE NOTE:

- **Scholarships are awarded based on marks, with special consideration given to children of disabled Veterans in need.**
- **Transcript of marks must accompany this application.**
- **Letter of Acceptance from the post-secondary institution must accompany this application.**
- **All documentation to be included.**
- **Ensure that the application is signed in the appropriate places.**
- **Incomplete applications will not be considered – no follow-up will be taken.**
- **Please include a letter, written by the student, outlining your educational aims and objectives, as well as a list of your extra curricular activities. Applications will not be accepted if this information is not included.**
- **Completed applications and all necessary documentation must be mailed, e-mailed or hand delivered (no faxes) to:**

**BURSARY/SCHOLARSHIP COMMITTEE
NOVA SCOTIA/NUNAVUT COMMAND
THE ROYAL CANADIAN LEGION
61 GLORIA MCCLUSKEY AVENUE
DARTMOUTH, NS B3B 2Z3
EMAIL: ADMIN@NSNULEGION.CA**

DEADLINE IS APRIL 15th at 12:00 noon. No exceptions – postmarks do not count.

NOTE: Only successful applicants will be notified by letter via mail or e-mail with further instructions for bursary/scholarship presentation. Cheques will be made payable in both the applicants name and the post-secondary institutions name.

ELSIE JEAN LAMBERT MEMORIAL SCHOLARSHIP
Nova Scotia/Nunavut Command, The Royal Canadian Legion

SCHOLARSHIP APPLICATION

(PLEASE PRINT CLEARLY GIVING **ALL** INFORMATION REQUESTED)

SECTION 1 – Student Information			
Full Name:			
Home Address: <i>(include postal code)</i>			
Contact Info.:	Telephone #:	Alternate Telephone #:	E-mail Address:
Mailing address if not living at home while attending school: <i>(include postal code)</i>			
Date of Birth:	Day: _____ Month: _____ Year: _____		
High School Attended:			
Date of Graduation:			
SECTION 2 – Post-Secondary Institution Information			
School Name:			
Campus:			
Address: <i>(include postal code)</i>			
Telephone #:			
What year will you be in? First <input type="radio"/> Second <input type="radio"/> Third <input type="radio"/> Fourth <input type="radio"/>			
Course of Studies you Intend to Follow:			
Student ID Number			
For Office Use Only:			
Nearest Legion:			
District:			
Zone:			

SECTION 3 – Financial Information – (MUST BE COMPLETED)

If Dependent:	Father's Name:	Occupation:	Gross Income:
	Mother's Name:	Occupation:	Gross Income:

of persons supported by this income: _____ Ages: _____

If Self Supporting:	<ul style="list-style-type: none"> • 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 <input type="radio"/> No <input type="radio"/> • If yes, what amount \$ _____
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Have you, or will you, receive any other bursaries/scholarships? Yes No
 If yes, please state amounts: \$ _____ \$ _____ \$ _____

SECTION 4 – Military Service Information

Full Name:	_____
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Relationship:	Parent: <input type="radio"/> Grandparent: <input type="radio"/>
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Service # if available:	_____
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Check as applicable:	WWI: <input type="radio"/> WWII: <input type="radio"/> Korea: <input type="radio"/> Regular: <input type="radio"/> RCMP: <input type="radio"/>
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Is Veterans Assistance or Disability Pension involved? Yes No
 If yes, state nature of disability: _____

Is (was) either of your Parents or Grandparents ever a member of the Legion or Ladies Auxiliary:
 Parents: Yes No If yes, what Branch? _____
 Grandparents: Yes No If yes, what Branch? _____

Name of nearest Legion in your area: _____

Signature of Applicant that all information is correct:	Signature of Parent or Guardian:
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