



THE NAVAL OFFICERS ASSOCIATION OF CANADA - CALGARY
BRANCH

**ROBERT HAMPTON
GRAY, VC MEMORIAL
BURSARY**

APPLICATION

PLEASE READ THE FOLLOWING TERMS OF REFERENCE BEFORE YOU COMPLETE THIS APPLICATION
FORM

The Naval Officers Association of Canada, Calgary Branch, Robert Hampton Gray VC Memorial Bursary is offered annually to a full-time student registered in any recognized post-secondary academic institution on the basis of their financial need. Applicants must have resided in that portion of Alberta situated from Red Deer south prior to and at the application date.. The completed application form must be received at the following address

no later than February 28, 2020.

Chairman, The Bursary Committee, NOAC Calgary ,
c/o HMCS Tecumseh, 1820 - 24 Street SW, Calgary, AB T2T 0G6

PLEASE PRINT - ALL BLANK SPACES MUST BE ANSWERED OR AN APPROPRIATE
REASON GIVEN.

1. Name: Mr.
 Mrs.
 Miss

2. Present Address:

Surname	Given Names		

Apt. No.	Street	City/Town	Postal Code

Telephone: _____

3. Date of Birth _____

4. Marital/Common Law Status _____

5. Degree or Diploma Sought: _____ To be registered in the Faculty or School of

Department _____ Year _____ (e.g., first, second, etc.)

If you are entering post-secondary education for the first time, please indicate from which high school and the year in which you graduated:

_____, _____, _____, _____
Name of High School City/Town Province Year of graduation

If you have taken post-secondary education before, please indicate last year completed

Faculty _____ Department _____
at _____

Name of Institution

6. Letters of Recommendation and References: Please provide two (2) letters of reference from persons (other than relatives). Please provide the contact information for these two individuals in the places provided below. These references will be contacted to discuss your personal qualities and for verification of the information which you have supplied.

Reference #1,

Name

Address

_____, _____, _____, _____
Street Unit# City Province

Phone Number (_____) _____ - _____

Reference #2,

Name

Address

_____, _____, _____, _____
Street Unit# City Province

Phone Number (_____) _____ - _____

7. Please provide details of your eligibility to apply for this bursary
(if space below is insufficient, please use a separate sheet and attach to this application)

:

8(a). Please provide a brief biography for yourself. Tell us what you have done in your life to date; such as your involvement in sports, citizenship, school, community, etc.
(if space below is insufficient, please use a separate sheet and attach to this application) :

8(b). Please provide summary of what you want to do with your life in the future
(if space below is insufficient, please use a separate sheet and attach to this application):

9. Where do you plan to live while attending post-secondary institution?

With parents _____
in-school Residence _____
Lodgings _____

10. Place(s) and period(s) of employment

(please use a separate sheet and attach to this application).

11. Please specify any other financial assistance (e.g., scholarships, bursaries, etc.) you expect to receive:

12. Please complete this budget for the following academic session. If married or in a common law relationship, budget should be for the whole family. If extenuating circumstances exist, please outline them on a separate sheet attached to this form

<u>RECEIPTS</u>	<u>AMOUNT</u>	<u>EXPENSES</u>	<u>AMOUNT</u>
Savings at beginning of year	_____	Tuition and fees	_____
Contribution from parents	_____	Books and supplies	_____
Your net income	_____	Instruments or tools	_____
		Room and Board	_____
Student or other loans	_____	Transportation	_____
Scholarships and awards	_____	Hospital & Medical plan fees	_____
Contributions from other sources	_____	Clothing, laundry, & misc.	_____
Other income (source& amount)	_____	Other expenses	_____
TOTAL RECEIPTS:	_____	TOTAL EXPENSES:	_____

I HEREBY CERTIFY that the preceding information given by me is complete and true in all respects.

DATE _____

SIGNATURE _____

All Applications Must Be Signed

(NOTE: The information provided on this application form will be treated as confidential.)