

## ROBERT HAMPTON GRAY, VC MEMORIAL BURSARY

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

The Naval 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 or intending to register for full-time studies commencing this year, on the basis of their financial need.

Applicants must be:

-serving in the Royal Canadian Navy; or

-enrolled in a Royal Canadian Sea Cadet Corps for a minimum of three (3) years; or

-sponsored by a parent or grandparent who is a current or former Royal Canadian Navy member, or a current or former Sea Cadet officer, or a current or former Navy League officer.

The completed application form must be emailed to *scholarship@naccalgary.ca* no later than March 31, 2025.

### **Applicant Information – Please Print**

Mr. Mrs. Miss (circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please select your applicant category.**

1. Royal Canadian Navy Regular Force

Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Position: \_\_\_\_\_

2. Royal Canadian Navy Primary Reserve

Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Position: \_\_\_\_\_

3. Royal Canadian Sea Cadet

Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Position: \_\_\_\_\_

Sea Cadet Corps Name: \_\_\_\_\_

4. Sponsored

Name of your sponsor: \_\_\_\_\_

Relationship to sponsor: Son/daughter or Grandson/daughter (circle one)

Sponsor's Navy, Sea Cadet or Navy League role and unit and years served.

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**Education Information**

Name of Post Secondary Institution \_\_\_\_\_

Degree/diploma sought: \_\_\_\_\_

Years completed: \_\_\_\_\_

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

High School: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

### **Letters of Recommendation and References**

Please attach 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.

NOTE: If you are a Sea Cadet, one of your references MUST be an Officer in your current Sea Cadet Corps.

#### Reference #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Reference #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant Background**

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).

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Please provide a brief biography of 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).

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Please provide a 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).

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Where do you plan to live while attending post-secondary institution? (Circle one)

With parents

In-school residence

Other (please specify): \_\_\_\_\_

Place(s) and period(s) of employment while attending post-secondary school (actual and planned) (please use a separate sheet and attach to this application if there is not enough room).

Employment #1

Company: \_\_\_\_\_

Location: \_\_\_\_\_

Role: \_\_\_\_\_

Full-time or Part-time (circle one)

Start Date (yyyy/mm/dd): \_\_\_\_\_

End Date (yyyy/mm/dd): \_\_\_\_\_

Employment #2

Company: \_\_\_\_\_

Location: \_\_\_\_\_

Role: \_\_\_\_\_

Full-time or Part-time (circle one)

Start Date (yyyy/mm/dd): \_\_\_\_\_

End Date (yyyy/mm/dd): \_\_\_\_\_

Provide an estimated summary of your anticipated annual expenses during the academic year.

Rent: \_\_\_\_\_

Living expenses (e.g. utilities, food): \_\_\_\_\_

Tuition/Books: \_\_\_\_\_

Total: \_\_\_\_\_

Please specify any other financial assistance (e.g., scholarships, bursaries, etc.) and student loans you expect to receive (include expected amounts):

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**Certification**

Note: All applications must be signed. The information provided on this application form will be treated as confidential.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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