



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 emailed to [naccalgary@gmail.com](mailto:naccalgary@gmail.com).

**no later than June 3, 2022.**

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

1. Name:  Mr.  
 Mrs.  
 Miss.

\_\_\_\_\_

Surname Given Names

2. Present Address: \_\_\_\_\_
- 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:

\_\_\_\_\_

|         |       |       |          |
|---------|-------|-------|----------|
| Address |       | Name  |          |
| _____   | _____ | _____ | _____    |
| Street  | Unit# | City  | Province |

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reference #2:

\_\_\_\_\_

|         |       |       |          |
|---------|-------|-------|----------|
| Address |       | Name  |          |
| _____   | _____ | _____ | _____    |
| 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  
Other lodgings

10. History of employment: (Include place of employment and length of employment.)

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.)