

*Royal Canadian Legion*  
Ladies Auxilliary Branch #79

5138 - 49<sup>th</sup> Street Lacombe, AB T4L 1J1

BURSARY

REGULATIONS GOVERNING LADIES' AUXILIARY BURSARY AWARD

The Ladies' Auxiliary, Lacombe Branch #79, The Royal Canadian Legion is offering a bursary award in the amount of \$500.00 awarded annually.

This award is for a Lacombe student entering their first term of a certificate/diploma or degree in a University, School of Technology and Art, Nursing Program or any recognized College in Alberta. Students must be graduates of Grade X11 and under the age of 21 years.

This award is intended to assist:

- a) A child, grandchild, great grandchild, niece, nephew or great niece and nephew of Veterans' personnel or RCMP personnel or
- b) Child or grandchild of Auxiliary or Branch member.

The completed application form should be mailed or faxed on or before May 31 to the Lacombe Composite High School.

Attention: Linda Pack.

Lacombe Composite High School

5628 - 56 Avenue, Lacombe, AB T4L 1G6

Career Centre Phone: 403 - 782-6659

Fax Number: 403 - 782-4266

**Royal Canadian Legion Ladies Auxiliary Branch #79**  
**Bursary**

**1. Criteria**

- Must be a grade twelve graduating student attending Post-Secondary School in the fall after graduation, in a program that is at least one year in length.
- Must provide the name and service number of the serving member along with a description of your relationship, with documentation proving service (e.g.: discharge certificate copy)
  - Must provide a brief letter explaining why you feel you qualify for the bursary. You may wish to explain your knowledge / understanding of the Armed Forces experience of the parent or grandparent and provide some personal detail about yourself.
- The application and letter must be handed in to the LCHS Career Centre on or before May 31<sup>st</sup> of the student's graduation year.

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name of post-secondary institution in which you are, or plan to be enrolled:

\_\_\_\_\_

Program you will be in: \_\_\_\_\_

Name of Serving Member: \_\_\_\_\_

Service no. \_\_\_\_\_ Documentation: \_\_\_\_\_

Relationship of this person to you: \_\_\_\_\_

Name of Auxiliary/Branch Member, if applicable \_\_\_\_\_

Member No. & photocopy of membership card \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_