



MANITOBA AND NORTHWESTERN ONTARIO COMMAND  
THE ROYAL CANADIAN LEGION

# **SCHOLARSHIPS 2024**

**MANITOBA SCHOLARSHIPS AND BURSARIES COMMITTEE**  
*(This application form supersedes all previous forms)*

District # \_\_\_\_\_

1. To qualify for a scholarship a student must have his or her place of permanent residence in Manitoba and also be one of the following:
  - (a) be an ex-service member, who is a member of The Royal Canadian Legion.
  - (b) be a son, daughter, grandchild or great-grandchild of an ex-service member who is a member of The Royal Canadian Legion or who was a member of The Royal Canadian Legion at the time of his or her death.
2. Subject to the provisions for qualifications referred to above, these scholarships will be awarded to students with the highest average marks. This person must provide proof of registration that he or she is continuing on to a school of higher education to pursue studies leading to a degree.
3. Applications must be received by the District Commander at the following address no later than 4:30 P.M., July 31<sup>st</sup>.

**Manitoba and Northwestern Ontario Command  
The Royal Canadian Legion  
563 St. Mary's Road  
Winnipeg, Manitoba R2M 3L6**

**APPLICATIONS RECEIVED AFTER 4:30 P.M. JULY 31<sup>st</sup> ARE NOT ELIGIBLE.**  
**NO EXCEPTIONS. EMAILS NOT ACCEPTED.**

4. Principal/Guidance Counsellor of each School must forward each student's marks plus application along with other related information to the above address.
5. All questions must be answered fully or the application will not be considered. Applicant may apply for both Scholarship and Bursary Awards by fully completing both application forms.
6. The award shall be made by the District Scholarship Committee of The Royal Canadian Legion and its decisions shall be final.

**NOTE: SEMESTER GRADUATE STUDENTS MAY ALSO APPLY**

**\*\*\*\* ONLY SUCCESSFUL APPLICANTS WILL BE NOTIFIED \*\*\*\***



# APPLICATION FOR THE ROYAL CANADIAN LEGION MANITOBA SCHOLARSHIP 2024

District # \_\_\_\_\_

## INSTRUCTIONS:

- i. This form shall be completed by the applicant.
- ii. Submit pages 1 & 2 together.
- iii. Must submit acceptance to University or College with application.
- iv. The report on each applicant shall be completed by the Principal or Guidance Counsellor, on the attached form.

## PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS

### PERSONAL DATA:

1. Students Name: \_\_\_\_\_  
Surname First Middle
2. Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year
3. Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_
4. Parents Name: \_\_\_\_\_
5. Phone No.: \_\_\_\_\_
6. High School Education: \_\_\_\_\_
7. Name and Address of sponsoring ex-service member: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Grandparent/Great-Grandchild
8. Legion Membership No. or proof of membership: \_\_\_\_\_  
If unable to supply all information in section 7 state reason why \_\_\_\_\_  
\_\_\_\_\_
9. Further Education plans: \_\_\_\_\_  
Course of Studies: \_\_\_\_\_  
College or University: \_\_\_\_\_  
Career Applicant wishes to pursue: \_\_\_\_\_

I the undersigned, hereby declare that, to the best of my knowledge the information given in the application is true in all respects.

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

**NOTE: This application must be received by the DISTRICT COMMANDER no later than 4:30 pm on July 31, 2024. APPLICATIONS RECEIVED AFTER 4:30 P.M. JULY 31<sup>st</sup> ARE NOT ELIGIBLE.**



# PRINCIPAL/COUNSELOR'S REPORT ON APPLICANT FOR MANITOBA SCHOLARSHIP 2024

District # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of High School Attended \_\_\_\_\_

Class of Scholarship applied for (A) \_\_\_\_\_ or  
(University Degree)

(B) \_\_\_\_\_  
(College Certificate)

Manitoba School Marks: Attach Copy

\*\*\*\*\*

Subjects Written:	<u>Marks Obtained</u> (in figures only) (Must include %)	<u>Credits</u> (Single or Double)	<u>Level</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Principal/Counsellor's Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Certified Correct \_\_\_\_\_  
(Principal/Guidance Counsellor)

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NOTE: Please complete EACH question. Computer Printouts accepted.