



# The Royal Canadian Legion

## MILTON WESLEY (ONT. NO. 426) BRANCH

707 SRIGLEY STREET  
NEWMARKET, ONTARIO L3Y 1X4

### ROYAL CANADIAN LEGION MILTON WESLEY BRANCH 426 NEWMARKKET BURSARY APPLICATION FORM

#### Bursary Criteria

The following schools are eligible to apply for a Bursary:

Newmarket High School, Huron Heights Secondary School, Dr. Denison High School,  
Sir William Mulock Secondary School, Sacred Heart Catholic High School

The Bursary Committee of the Milton Wesley Branch will select students graduating  
from Secondary School to assist them in furthering their education.

The Milton Wesley Bursary award will be awarded to a child, grandchild or great  
grandchild of a Veteran of the Allied Forces. The Veteran does not have to be a  
member of the Milton Wesley branch. Members from the Milton Wesley Branch  
will be considered first,

The student must obtain an average of 65% upon final exam and must be enrolled or  
accepted to a University or Institution of higher learning before the bursary will be  
awarded.

Applications must be submitted by June 1, 20 24

We will not accept computer generated forms

Applicant's Name (print) \_\_\_\_\_ M F (circle)

Home Address \_\_\_\_\_ Town \_\_\_\_\_  
Postal Code \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Secondary School You Currently Attend \_\_\_\_\_

Name of Institution Accepted By \_\_\_\_\_

Course(s) You Wish To Take \_\_\_\_\_

"THEY SERVED TILL DEATH! WHY NOT WE?"

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

APPLICANT'S INFORMATION REGARDING VETERAN RELATIONSHIP

Name of Veteran \_\_\_\_\_

Address of Veteran \_\_\_\_\_

Years of Military Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

Service Number \_\_\_\_\_  
(Not acceptable without Service Number) – Please no S.I.N. numbers

Legion Member yes no (circle one)

Name of Legion and Branch Number \_\_\_\_\_

Relation of Applicant to Veteran \_\_\_\_\_  
(Must Be filled In)

Applicant Average \_\_\_\_\_ Date \_\_\_\_\_

Signature Of Applicant \_\_\_\_\_

Please Submit this Application by June 1, 20\_\_ to:  
AGAIN NOT ACCEPTING COMPUTER GENERATED FORMS

RCL Milton Wesley Branch 426, 707 Srigley St. Newmark, Ontario L3Y 1X4

905-895-5481