

## NEWMARKET VETERANS' ASSOCIATION BURSARY AWARD

We are pleased to offer a bursary for one graduate student of each high school in Newmarket. To apply, the student must be completing their graduate year at a high school in Newmarket; have their Ontario Secondary School Diploma (OSSD); and, must <u>be accepted and actually enrolled</u> in a post-secondary institution of higher learning.

All students applying for the Bursary must also include the name of their sponsor and/or the name of the NVA Member. All applications must be <u>submitted no later than May 31, 2024</u> (See application form for details). (Form & extra pages must be completed by the graduate student. Please hand print legibly). Return your completed application to L. Cox - Secretary Newmarket Veterans Association,

Application forms are available to all eligible Newmarket students, and forms are available for pick up at the NVA Club Room, 406 Millard Avenue, Newmarket, Ontario L3Y 1Z9 Phone #905-895-7321.

Yours in Friendship

A. Noble President

Newmarket Veterans' Association 406 Millard Avenue Newmarket, Ontario L3Y 1Z9 E-mail: nva406@yahoo.ca



Newmarket Veterans' Association

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Summary and the School's Seal.	Guidance Department Credit Counselin	This application must be submitted with
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## 2024 Bursary - Application Form

Applicant's Name:  Applicant's Name:  Home Address:  Address of NVA Member or Sponsor:  Address of NVA Member or Sponsor:  Applicant's relationship to the Newmarket Veterans' Association Member or Sponsor: (niece, nephew, daughter, son, grandchild, friend)
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If no relationship to a NVA Member, please outline in detail your activities with your sponsor or an Armed Force (including Cadet Corps), Merchant Marine or RCMP:

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Please provide information concerning your School Clubs, Athletic Teams, Hobbies, and



## Newmarket Veterans' Association

extracurricular and school activities. (i.e.: not shown in #2, Employment etc.)

If there is insufficient space, please use extra paper, show # of pages in space above and attach to this form.  TO BE COMPLETED BY HIGH SCHOOL GUIDANCE DEPARTMENT  Post-Secondary Institute accepted by Applicant:  Course of Study:  Course of Study:  Commencement Contact Person and Location of Commencement Date:  Commencement Contact Person and Phone #:  Commencement Date:  Commencement Date:  Commencement Date:  Commencement Date:  Signature Date  Location:  School Seal must be affixed.  School Seal must be affixed.		(School Official's signature) **must be signed** (Printed Name)	If there is insufficient space, please use extra paper, show # of pages in  Tobe Complete Teder High School Guidance Office:  Verification of High School Guidance Office:  Commencement Contact Person and Phone #:  Credit Counseling Summary  School Seal must be affixed.  School Seal must be affixed.  School Swill be notified of the award recipient after the first Monday in June.	m P L E T E D B Y H I G H  (School Official's signature) **r (Printed Name)  (Commencement Date: t after the first Monday in June.	form.	E DEPARTMENT  Location:
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