**GARRISON COMMUNITY COUNCIL**

**BURSARY APPLICATION FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last, First, Middle Initial)

Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Province; \_\_\_\_\_\_\_\_\_\_\_

 Postal Code: \_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**.

Post-secondary Institution. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme or Area of Study: \_\_\_\_\_\_\_\_

Length of Programme: \_\_\_\_\_\_\_\_\_

Years Remaining in Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Academic Information: (e.g. Act as Teaching Assistant, etc.) (Optional)

**Supporting Documentation**

In support of the bursary application, the **following documentation is** **required**:

1. Proof of Enrolment at Post-secondary Institution.
2. Motivational Letter. In 250 words or less, the applicant should show how the bursary would be used in the applicant’s course of study.
3. Letters of Reference: Three letters of reference attesting to character, work, ability to work with others, charity work, etc.). The letters must not be dated earlier than 22 October 2019.

**Authorization – Applicant**.

In submitting this application, I confirm that all statements, documents and information are accurate and true. Additionally, I will undertake to remain a member of the Canadian Armed Forces while completing post-secondary application. If awarded a Garrison Community Council Bursary, I consent to the use by the Garrison Community Council of my name and picture in promotion of this and future Bursary Programmes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization – Commanding Officer** (or Designated Officer)

I certify that (Applicant’s Name )\_\_\_\_\_\_\_\_\_\_\_\_\_is a serving member of my Unit and is eligible to apply for this Bursary. This Reservist has demonstrated leadership and teamwork within the Unit.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO’s Name (or Designated Officer) / Unit Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE TO APPLICANTS (Checklist and Initials))**

Applicants must confirm that:

1. The applicant is a member of an eligible Unit as listed. Initial: \_\_\_\_\_\_\_\_\_
2. All personal information (name, rank, etc.) is complete. Initial: \_\_\_\_\_\_\_\_\_
3. All information concerning post-secondary education (school name, course, length of study, etc.) is complete. Initial: \_\_\_\_\_\_\_\_\_
4. All supporting documents (personal letter of motivation, how bursary will be used, confirmation of enrollment, etc.) Initial: \_\_\_\_\_\_\_\_\_\_\_
5. Applicant has signed and dated the application (using black or dark blue ink). Initial: \_\_\_\_
6. CO or Designated Officer has signed and dated (using black or dark blue ink) the application. Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_
7. The applicant is submitting the bursary application and supporting information/documents in electronic by email to reach the GCC **NO LATER THAN FRIDAY 22 OCTOBER 2021** at:

 garrisoncommunitycouncil@gmail.com Initial: \_\_\_\_\_\_\_\_

REMINDER: All applications will be acknowledged within 48 hours of receipt. If acknowledgement is not received, please contact: Geoff Hutton (geoff.hutton@sympatico.ca) , Chair of the GCC Bursary Programme.