



THE QUEEN'S OWN RIFLES OF CANADA PRINCESS ALEXANDRA BURSARY

Supporting Documents

The following documents must accompany the Application Form:

- Cover letter clearly identifying your personal or family connection to The Queen's Own Rifles of Canada.
- An official transcript of the last academic year marks.
- Letter(s) of Reference giving a summary of academic or extra-curricular achievements.

Adjudication Process

The Bursary Program is for academic development only and applications will be judged on the following criteria:

- Past academic achievements and demonstrated competence.
- Ability to study and potential for finishing course program successfully.
- Relevance of the proposed study program to academic advancement.
- Personal connection to The Queen's Own Rifles of Canada.

All applicants will receive notification in writing from the Secretary after the adjudication process notifying them of the board's decision.

Requests for Bursary Support

One copy of each of the following Forms must be submitted in applying for a Bursary:

- Application Form. Appendix 1. Institution Certification. Appendix 2.
(Not required if a mature student or 2nd or subsequent year of post-secondary education.)
- Acceptance Certification. Appendix 3.
- Letter of Reference

The complete package in 13 above, in an envelope clearly marked "**BURSARY APPLICATION**" will be mailed to the address below and post marked before June 15th in the year of the application:

Secretary - The QOR of C National Association
Regimental Headquarters
Moss Park Armoury, 130 Queen Street East,
Toronto, ON. M5A 1R9.

*Email applications will not be accepted.



QOR of C ASSOCIATION BURSARY PROGRAM APPLICATION FORM

Appendix (1)

NAME - _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____ MARRIAGE STATUS _____

EDUCATION LEVEL _____

Name and Address of Institution to which Bursary will be paid:

STUDY SUBJECT _____

Registering in year of program ----- 1st ----- 2nd ----- 3rd ----- 4th ----- or _____

DATE YOU STARTED _____ ----- Fulltime - or - Partime -----

Did you apply for any other bursary / grant? --- YES - NO --- Amount _____

PERSONAL INCOME \$ _____ FAMILY INCOME \$ _____

MILITARY SERVICE --- YES - NO --- UNIT _____ CADET CORP _____

Relationship to QOR Regimental Person:

My reasons for making this application are:

(continue on reverse if necessary)

I confirm the information provided is true. I agree to respect the conditions of this Bursary. If successful I will use the Bursary for the course(s) described above. If I discontinue the study course or program I will reimburse all the funds that I have been awarded by this Bursary.

SIGNATURE

DATE



**QOR of C ASSOCIATION BURSARY
INSTITUTION CERTIFICATION**

This is to certify that

(NAME) _____

has successfully completed Grade 12 Requirement.

SCHOOL / INSTITUTION

DATE OF COMPLETION

SCHOOL / INSTITUTION - Dean or Registrar

DATE





**QOR of C ASSOCIATION BURSARY
ACCEPTANCE CERTIFICATION**

This is to certify that

(NAME) _____

Has been tentatively accepted at

NAME OF INSTITUTION

FOR

COURSE / PROGRAM

SCHOOL / INSTITUTION - Dean / Registrar

DATE

