

**THE ROYAL CANADIAN LEGION**  
**DRYDEN BRANCH #63**  
**BURSARY COMMITTEE**

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**DR. GEORGE PLUMRIDGE MEMORIAL BURSARY**

**BURSARY - \$700.00 PER YEAR FOR A PERIOD OF THREE (3) YEARS**

The Dr. George Plumridge Memorial Bursary is awarded to the student with the highest aggregate marks in **Grade 12 in his/her fourth year and continuing on to post-secondary education and** who is an ex-service member **or** who is a child, or grandchild of an ex-service member.

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**Conditions and regulations for this Bursary:**

1. The applicant must be a permanent resident of the area and attend Dryden High School.
2. The applicant must provide proof of acceptance a University or College as listed in the Canadian Students' Loan Act.
3. Successful applicants will receive their awards after proof is received that they have registered in the Second Semester.
4. ***\*\*Dryden High School will forward Transcripts upon request from the Royal Canadian Legion\*\****
5. Application forms must be received by Dryden Branch #63 of The Royal Canadian Legion no later than May 10<sup>th</sup>. Late applications will not be eligible for consideration.
6. The Honours and Awards Committee of The Royal Canadian Legion Dryden Branch #63 will make the award, and the committee's decision shall be final.

**To be filled in ONLY by those applying for the Dr. Plumridge Bursary**

This **declaration** is to be filled in only by the applicant's Parent/Guardian who on his/her last tax return claimed exemptions for income tax in respect to the applicant. When there is no income to declare, write **nil**. **Do not leave blanks.**

Parents'/Guardians' Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Number of Dependent Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Total Household Income Under \$60,000:      Yes                      No                      (please circle) \_\_\_\_\_

Total Household Income Over \$60,000:      Yes                      No                      (please circle) \_\_\_\_\_

**THIS FORM TO BE FILLED IN BY ALL APPLICANTS**

**(PRINT ONLY)**

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

Permanent Address: Street: \_\_\_\_\_ PO Box #: \_\_\_\_\_

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

Phone Number (area code): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EX-SERVICE PARENT, GRANDPARENT, GUARDIAN OR SELF  
(IF EX-SERVICE)**

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

Relationship to Applicant: \_\_\_\_\_

Armed Forces Service Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Armed Forces Unit: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, do solemnly declare that the information given by me, the applicant, and the statements made by me in this application are true. I make this declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

\_\_\_\_\_ (Signature of applicant, parent or guardian)

Declared before me at \_\_\_\_\_

Date: \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\_\_\_\_\_ (Signature of Witness)

**Applications are to be sent to:**

**ATTN: Sue Davies  
Legion Manager  
Royal Canadian Legion-Branch #63  
34 Queen Street  
Dryden, ON P8N 1A3**