

THE CAMERON HIGHLANDERS OF OTTAWA FOUNDATION

BURSURY APPLICATION

**INSTRUCTIONS**

**SECTION 1**

Applicant:

1. Complete Sections 2 through 4
2. Attach additional sheets clearly marked by section if more space is required.
3. Sign and date the application
4. Turn into Coy HQ

Unit:

1. OC Coy completes recommendation and signs
2. Attach additional sheets clearly marked by section if more space is required.
3. Turn in to BOR
4. CO remarks and signs
5. Turn in to Museum/Kit Shop

Museum/Kit Shop:

**PERSONAL INFORMATION**

**SECTION 2**

Last Name: \_\_\_\_\_ Rank and First Name: \_\_\_\_\_

Address : \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

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

Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION****SECTION 3**

University/College: \_\_\_\_\_

Degree/Diploma Sought: \_\_\_\_\_

Course Duration: \_\_\_\_\_ Years Remaining: \_\_\_\_\_

Why did you choose this course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your plans following completion of the course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCES****SECTION 4**

Record the costs associated with the school year and how you expect to cover them.

**COSTS****SOURCE OF FUNDS**

Tuition: \$ \_\_\_\_\_

Income: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Scholarships: \$ \_\_\_\_\_

Lodgings: \$ \_\_\_\_\_

Bursaries: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

OSAP \$ \_\_\_\_\_

Transport: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_

Misc: \$ \_\_\_\_\_

Family: \$ \_\_\_\_\_

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

**UNIT RECOMMENDATIONS**

**SECTION 5**

Company Commander's

Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ OC \_\_\_\_\_ Coy Date: \_\_\_\_\_

Company Commander to verify:

- 1. Attendance on Training
- 2. Additional Class A
- 3. Class B

Commanding Officers Endorsement

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUSEUM/KIT SHOP**

**SECTION 6**

Date Received: \_\_\_\_\_

Notes:

- 1. All information recorded on this form is collected solely for the purpose of evaluating the application and will not be shared with anyone outside the Regiment or Foundation.
- 2. Please attach another sheet if more space is required for any additional information in any of the sections.