



## NAVAL BURSARY APPLICATION

The non-profit Nova Scotia Naval Association of Canada (NSNAC) supports a robust and capable Royal Canadian Navy to safeguard Canada's security and global interests; conducts educational, media commentary and other public engagement activities; supports a vibrant three ocean blue economy and encourages greater understanding of naval and maritime heritage while fostering fellowship and camaraderie among members and the wider maritime community.

**Purpose** of the NSNAC Bursary Trust is to financially assist Nova Scotia/Maritime Provinces students to pursue career goals at a recognized university in Canada. Selection criteria include financial need, academic grades, community involvement and related activities. The amount of the bursary, normally \$1,000, is determined on an annual basis.

**Eligibility:** Open to Canadian citizens resident in Nova Scotia who have a naval connection, e.g. dependents of Regular and Reserve Force (Navy) members or former naval members; Sea Cadets; relatives and dependents of NSNAC members.

**Submission Deadline:** Applications to be forwarded to following address to be received no later than **April 16, 2022**. Funding will be forwarded to the applicable university following the successful applicant's enrollment.

Applications to: Chair, NSNAC Bursary Trust, PO Box 801, Halifax, NS B3J 2V2

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ANSWER ALL QUESTIONS. If unable to answer any, give reason. PLEASE PRINT.

NAME: \_\_\_\_\_

Present Address \_\_\_\_\_

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

Telephone Number (where you can be reached): ( ) \_\_\_\_\_

Parents or your permanent address (if different from above)

\_\_\_\_\_

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

Telephone Number ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship \_\_\_\_\_ Martial Status \_\_\_\_\_

EDUCATION: (a) University attending or planning to attend \_\_\_\_\_

Degree sought: \_\_\_\_\_

Currently enrolled: Year (1<sup>st</sup>, 2<sup>nd</sup>, etc) \_\_\_\_\_ Student ID Number \_\_\_\_\_

Academic marks/grade point average \_\_\_\_\_

(b) If entering university for first time, please indicate from which high school, the year you graduated and your most recent marks/grade average: \_\_\_\_\_

Please provide details of your naval connection and eligibility for this bursary. Refer to criteria listed at beginning:

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FINANCIAL: (a) Have you received any other financial awards for the coming year? If so, please list:

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

(b) To be completed by single students (without dependents):

Occupation of chief wage earner in your family & Relationship: \_\_\_\_\_

Number of people dependent on chief wage earner? \_\_\_\_\_

If other parent employed provide occupation \_\_\_\_\_

While attending institution, you plan to live: At home: \_\_\_\_\_ At Residence: \_\_\_\_\_ Lodgings: \_\_\_\_\_

© To be answered by married students and single students with dependents:

Occupation of spouse/partner (if applicable): \_\_\_\_\_

Number of dependent children and ages: \_\_\_\_\_

While attending the institution, plan to live: At home: \_\_\_\_\_ Residence: \_\_\_\_\_ Lodgings: \_\_\_\_\_

Do you plan to work during the course of study? \_\_\_\_\_ If yes, your estimated earnings? \_\_\_\_\_

(d) Any other financial assistance you expect to receive? If so, please indicate \_\_\_\_\_

(e) Please tell us why you need the assistance and what it would mean to you financially:

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

List major interests/activities in last two years, including any positions held, awards received. Add separate sheet if needed:

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#### REFERENCES

Three reference forms must be completed by three individuals, not your relatives, who are willing to provide references concerning your personal qualities and verify the information you have provided. Please ask the individuals providing the references to forward to: Bursary Chair, NS Naval Association of Canada, PO Box 801, Halifax, NS B3J 2V2 by April 16, 2022. Please provide name, address of the 3 References (include name of commanding officer is applicable).

Name/Address:

Name/Address:

Name/Address:

AGREEMENT: I understand my application and supporting information becomes the property of the NSNAC Bursary Trust which has discretionary authority in all matters pertaining to the award. All information will be treated as confidential.

I CERTIFY the information provided is complete and accurate to the best of my knowledge and will advise of any changes.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_