Canadian Armed Forces Bursary Application



FULL NAME	CITY	
EMAIL		
STUDENT ID NUMBER	PROVINCE	COUNTRY
PROGRAM OF STUDY	PROGRAM START DATE (DD/MM/YYYY)	
I am applying for the Canadian Armed Forces Bursary under		
CURRENT MILITARY MEMBER (ELIGIBLE TO APPLY FO		
RETIRED MILITARY MEMBER (ELIGIBLE TO APPLY FOR		,
FAMILY* OF RETIRED ARMED FORCES MEMBER (ELIGIE	BLE TO APPLY FOR 15% OF	TUITION BURSARY)
FAMILY* OF CURRENTLY SERVING CANADIAN ARMED F (ELIGIBLE TO APPLY FOR 15% OF TUITION BURSARY)	FORCES MEMBER	
CURRENTLY EMPLOYED WITH A MILITARY FAMILY RES (ELIGIBLE TO APPLY FOR 15% OF TUITION BURSARY)	SOURCE CENTER	
CONDITIONS > Students receiving this bursary will be responsible for remaining tuition for > Anyone who is currently serving in the Canadian Forces is eligible for a 25	5% tuition bursary.	equired.
 Anyone who has served for more than 2 years is eligible for a 25% tuition Anyone currently employed by Military Family Resource Centers is eligible 		
» Children and spouses of all those eligible (listed above) are eligible for a	•	
» These bursaries, like all bursaries, cannot be received in conjunction with	any other bursaries offered by York	cville University.
*While common-law relationships and step-parenting relationships will be he Proof of family connections will be required for all recipients. Proof of activ		
Please submit this application to <u>admissions@yorkvilleu.ca</u> . By sen	ding this form I am applying for	r the above-mentioned bursary.
APPLICATION SIGNATURE	DATE (DD/MM/YYYY)	
BURSARY APPROVAL SIGNATURE	DATE (DD/MM/YYYY)	