## Canadian Armed Forces Bursary Application



FULL NAME	ADDRESS	ADDRESS	
EMAIL	CITY		
STUDENT ID NUMBER	PROVINCE	COUNTRY	
PROGRAM OF STUDY	PROGRAM START D	PROGRAM START DATE (DD/MM/YYYY)	
I am applying for the Canadian Armed Forces Bursary u	under the status of:		
CURRENT MILITARY MEMBER			
RETIRED MILITARY MEMBER			
FAMILY* OF RETIRED ARMED FORCES MEMBER  FAMILY* OF CURRENTLY SERVING CANADIAN AR	MED CODOCO MEMBED		
CURRENTLY EMPLOYED WITH A MILITARY FAMIL			
CONDITIONS			
<ul> <li>Students receiving this bursary will be responsible for remaining to</li> <li>Anyone who is currently serving in the Canadian Forces is eligible</li> </ul>			
tuition bursary for all other programs.	Tor a 35% tultion bursary for bbA p	rograms and 20%	
» Anyone who has served for more than 2 years is eligible for a 35%			
» Anyone currently employed by Military Family Resource Centers is and 15% tuition bursary for all other programs.	eligible for a 25% tuition bursary for	or BBA programs	
» Children and spouses of all those eligible (listed above) are eligible and 15% tuition bursary for all other programs.	e for a 25% tuition bursary for BBA	programs	
» These bursaries cannot be received in conjunction with any other Yorkville Graduate Bursary.	bursaries offered by Yorkville Unive	ersity with the exception of the	
*While common-law relationships and step-parenting relationships w Proof of family connections will be required for all recipients. Proof			
Please submit this application to $\underline{admissions@yorkvilleu.ca}.$	By sending this form I am apply	ying for the above-mentioned bursary.	
APPLICATION SIGNATURE	DATE (DD/MM/YYY	Υ)	
BURSARY APPROVAL SIGNATURE	DATE (DD/MM/YYY	ν)	