



Eldon's 29 hand – September 3, 2008

ELDON PITT MEMORIAL CRIBBAGE BURSARY

Royal Canadian Legion, Peninsula Br. 62 proudly presents the Eldon Pitt Memorial Cribbage Bursary for Post Secondary Education students from the Kingston Peninsula.

Bursary amount and number of candidates determined by amount of funds raised at the Eldon Pitt Memorial Cribbage Tournament usually held in Sept/Oct of each year.

The criteria for the bursary will be assessed on the following:

- Success in Spite of Extraordinary Circumstances
- Financial Need
- Community Service and Volunteer Work
- Extra-Curricular Activities (sports, hobbies, employment)
- Leadership

APPLICATION DEADLINE

Completed Bursary Application and Nominator's Recommendation Form must be returned no later than **November 20, 2019**.

MAILING ADDRESS: Eldon Pitt Memorial Cribbage Bursary
RCL Peninsula Br. 62
1356 Route 845
Clifton Royal, NB E5S 2B9

ATTENTION: Joe Stack, Chairman

To obtain a bursary application and nominator's recommendation form please contact::

Joe Stack 763-2959 or kelnewstead@hotmail.com

ELDON PITT MEMORIAL CRIBBAGE BURSARY

BURSARY APPLICATION

(Please print clearly giving all information requested)

SECTION I - STUDENT INFORMATION	
FULL NAME:	
HOME ADDRESS:	
TELEPHONE #	e-mail
DATE OF BIRTH:	Day: _____ Month: _____ Year: _____
HIGH SCHOOL ATTENDED	
YEAR OF GRADUATION	
SECTION II - COLLEGE/UNIVERSITY INFORMATION	
School Name:	
Campus:	
Address:	
What Year are you ?	First: ____ Second: ____ Third: ____ Fourth: ____
Course of Studies you intend to follow	
SECTION III - FINANCIAL INFORMATION – (MUST BE COMPLETED)	
If Dependent:	Father's Name: _____ Occupation: _____ Gross Income: _____ Mother's Name: _____ Occupation: _____ Gross Income: _____
Number of persons supported by this income	_____ Ages _____
If Self Supporting:	State personal income, including spouse: _____ If living in a single parent home, list personal income and additional monies including alimony and/or support payments _____
Number of persons supported by this income	_____ Ages _____

SECTION IV – PERSONAL EVALUATION (TELL US ABOUT YOURSELF)

Outline your educational aims and objectives. Describe your success in spite of extra-ordinary circumstances. Describe your leadership qualities. State any information you feel may assist the selection committee in considering your application. Why should you be selected?

DESCRIBE FULLY YOUR COMMUNITY SERVICE, VOLUNTEER ACTIVITIES, CO-OP WORK:

DESCRIBE ANY EXTRA-CURRICULAR ACTIVITIES (SPORTS, HOBBIES, WORK etc):

By your application for a Bursary, you confirm that all information is correct and you agree that you may be photographed and for the photo to be published. Agree that we may use your personal and non-personal information. For example, we may use personal information from your application to advise you of upcoming/future events, newsletters etc.

Signature of Applicant:	
Signature of Parent or Guardian:	

**DEADLINE FOR APPLICATIONS TO BE RECEIVED – NOVEMBER 20TH
THE DECISION OF THE BURSARY COMMITTEE IS FINAL.**

Eldon Pitt Memorial Cribbage Bursary

NOMINATOR'S RECOMMENDATION FORM

This report should be completed by a person who knows the candidate and can comment on their educational, employment and/or volunteer activities.

Name of Student	Your Relationship to Student
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Please state below any information you may wish to present in support of the candidate's application for participation in the Bursary Program. Your statement should include the following:

- Why you believe the applicant should be considered for the bursary?
- What extraordinary circumstances, community and volunteer work performed by the applicant and leadership qualities are you aware of? Describe any extra-curricular activities (sports, hobbies, employment etc)

By your nomination form, you confirm that all information is correct and you agree that you may be photographed and for the photo to be published if your candidate is selected. Agree that we may use your personal and non-personal information. For example, we may use personal information from your application to advise you of upcoming/future events, newsletters etc.	

Your Name	Address and phone number
Date (day month year)	Signature