



2023 FRANCES KELSEY SECONDARY BURSARY APPLICATION

GENERAL INFORMATION:

YOU MUST BE A GRADUATING STUDENT OF FRANCIS KELSEY SECONDARY AND HAVE ATTENDED FRANCIS KELSEY FOR AT LEAST 2 YEARS.

THIS BURSARY IS AWARDED TO A GRADUATING STUDENT OR STUDENTS ATTENDING FRANCES KELSEY SECONDARY WHO IS PROCEEDING TO POST SECONDARY EDUCATION AT A RECOGNIZED SCHOOL FOR THE TRADES OR APPRENTICESHIP.

ALL SECTIONS MUST BE COMPLETED AND MUST BE TYPED OR PRINTED CLEARLY AND INCLUDE THE FOLLOWING:

- STUDENT INFORMATION SHEET**
- A COPY OF YOUR MOST RECENT TRANSCRIPTS (REPORT CARD)**
- STUDENT LETTER OF INTENT**
- A LETTER OF RECOMMENDATION FROM THE PRINCIPAL OR DESIGNATE AND OTHER LETTERS OF RECOMMENDATION, USUALLY NO MORE THAN 2 LETTERS OF RECOMMENDATION IN TOTAL.**
- COPY OF THE “NOTICE OF REGISTRATION” AT THE TRADE SCHOOL OR APPRENTICESHIP THAT YOU WILL BE ATTENDING.**
- ENSURE THAT THE APPLICATION IS SIGNED BY THE STUDENT, PARENT/GUARDIAN AND FRANCES KELSEY SECONDARY BURSARY ADMINISTRATOR.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED - NO FOLLOW-UP WILL BE TAKEN. COMPLETED APPLICATIONS AND NECESSARY DOCUMENTATION MUST BE SUBMITTED TO:

**THE ROYAL CANADIAN LEGION MALAHAT DISTRICT BRANCH # 134
1625 SHAWNIGAN-MILL BAY ROAD, SHAWNIGAN LAKE, BC, V0R 2W2**

PHONE: 250-743-4146

FAX: 250-743-3405

EMAIL: rcl134@shaw.ca



FRANCES KELSEY SECONDARY BURSARY APPLICATION

1. STUDENT INFORMATION:

STUDENT NAME: _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

DATE OF BIRTH: _____ (YEAR) _____ (MONTH) _____ (DAY)

2. STUDENT OBJECTIVES:

- WRITE A LETTER OF INTENT OF NO MORE THAN 1,000 WORDS DETAILING YOUR FUTURE GOALS IN THE TRADES AND WHY YOU SHOULD BE THE RECIPIENT OF THIS AWARD.**

3. LETTERS OF RECOMMENDATIONS (AT LEAST 2)

- FRANCES KELSEY SCHOOL (ADMINISTRATOR OR DELEGATE)**
- PERSONAL RECOMMENDATION FROM EMPLOYER, COACH OR COMMUNITY VOLUNTEER SPONSOR**

4. APPROVAL SIGNATURES



ROYAL CANADIAN LEGION

MALAHAT DISTRICT BRANCH #134

1625 Shawnigan Lake-Mill Bay Rd., Shawnigan Lake BC (250) 743-4621

FRANCES KELSEY BURSARY APPLICATION APPROVAL SIGNATURES

STUDENT NAME: _____

CONTACT INFORMATION: _____

DATE: _____
_____ (STUDENT SIGNATURE)

I / WE APPROVE OF THIS APPLICATION:

PARENT:

NAME: _____ **PHONE NO.:** _____

DATE: _____
_____ (Signature of Parent / Guardian)

FRANCIS KELSEY SECONDARY:

NAME: _____ **PHONE NO.:** _____

DATE: _____
_____ (Signature of Administrator or Delegate)

The successful applicant will be notified by the Malahat District Branch # 134 BURSARY Committee. If you accept the offer of the BURSARY Award, you will be required to attend a General Meeting at the Malahat District Branch # 134 to acknowledge acceptance.

THE MALAHAT DISTRICT BRANCH # 134 BURSARY COMMITTEE HAS REVIEWED THIS APPLICATION. THE RESULTS ARE CIRCLED BELOW:

APPROVED

NOT APPROVED

BURSARY Committee Chair	
Secretary Malahat Branch # 134	
President Malahat Branch # 134	

(Date)