**APPLICATION FOR**

**LIEUTENANT-COLONEL JACK DE HART MC, CD**

**MEMORIAL BURSARY for RESERVE FORCE OFFICERS**

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| 1. | Applicant’s full name and rank: |  |
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| 2. | Social Insurance No. (required by Revenue Canada): |  |  |  |
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| 3. | Unit: |  |
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| 4. | Unit Address:  |  |
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| 5. | Unit Phone: |  |  |  |  |
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| 6. | Home Address: |  |
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| 7. | Home Phone: |  |  |  |  |
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| 8. | Post-secondary Educational Institution: |  |
|  |  |  |
| 9. | Number of post-secondary years successfully completed:  |  |
|  |  |  |
| 10. | Date applicant attained Officer DP1 Artillery or higher?  |
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| 11. | Recommendation of Commanding Officer: **Please attach recommendation and additional comments to this application.** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Commanding Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_