**APPLICATION FOR**

**MASTER GUNNER E.C. “CHIP” EVOY, MM & BAR**

**MEMORIAL** **BURSARY FOR RESERVE FORCE NCMs**

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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: | | | | | | |  | | | | | | |
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| 9. | Number of post-secondary years successfully completed: | | | | | | | | | |  | | | |
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| 10. | CF NCM courses completed | | | | | | | | | Date of completion | | | | |
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|  | Attach additional course list if needed. | | | | | | | | |  | | | | |
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| 11. | Recommendation of Commanding Officer: **Please attach recommendation and additional comments to this application.** | | | | | | | | | | | | | |

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