

***CLB Old Comrades Association  
Lodge 1***

***60<sup>th</sup> Anniversary Scholarship***

Dear Applicant:

Attached is an application for the CLB Old Comrades 60<sup>th</sup> Anniversary Scholarship.

Please ensure that the application is fully completed and the following are obtained:

1. Letter from School Principal.
2. Copy of latest marks (Mid-term Level III).
3. Letter from Parish Rector to be sent directly to the Old Comrades Association Chaplain, The Reverend Chris Snow.

Additional applications may be obtained from your Company Commander, the Regimental Adjutant or your Battalion Adjutant.

Failure to comply with the above requirements will result in the disqualification of your application.

**Chairman Scholarship Committee  
CLB Old Comrades Association**

**Application Form**

**The CLB Old Comrades Association 60<sup>th</sup> Anniversary Scholarship**

**Terms and Conditions**

This Scholarship, valued at \$600.00 is granted to a deserving Grade 12 (Level III) student entering a post secondary educational institution, and while it is based primarily on the candidate's academic performance, it is also based on a satisfactory record of conduct with the CLB and a perceived monetary advantage to the candidate.

Candidates are urged to apply for any other scholarships available, but acceptance of another of substantial value will transfer this scholarship to the next in line deserving candidate.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

List brothers and sisters from oldest to youngest and give the age of each.

<u>Name</u>	<u>Age</u>	<u>Member of CLB?</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Scholarship(s), if any, won on Grade XI. \_\_\_\_\_

List other Scholarship(s) being applied for this year. \_\_\_\_\_

Name of post secondary institution you plan to attend. \_\_\_\_\_

Course of Study \_\_\_\_\_

Career intentions \_\_\_\_\_

How would this application assist with your future education? \_\_\_\_\_

\_\_\_\_\_

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Please supply a letter from your School Principal with a copy of your Level III mid term marks.

**CLB Service**

When did you join the CLB (Month & Year)? \_\_\_\_\_

What sections have you served in? LTC \_\_\_\_\_ YTC \_\_\_\_\_ JTC \_\_\_\_\_ SC \_\_\_\_\_

Company \_\_\_\_\_

Number of JTC Camps attended \_\_\_\_\_ Number of SC Camps attended \_\_\_\_\_

Present Rank held in the CLB \_\_\_\_\_

Which of the following awards have you earned? (Please check)

YTC Bronze Merit \_\_\_\_\_

SC Level 3 \_\_\_\_\_

JTC Good Conduct Chevrons \_\_\_\_\_

SC Good Conduct Chevrons \_\_\_\_\_

JTC First Class Badge \_\_\_\_\_

NCO Proficiency Certificate \_\_\_\_\_

JTC Silver Merit \_\_\_\_\_

Colonel's Award \_\_\_\_\_

SC Christian Knowledge \_\_\_\_\_

Bishop's Badge \_\_\_\_\_

SC Church Duty \_\_\_\_\_

I certify that the CLB record as shown above is correct as per Company records.

Company Commander \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mail not later than May 31 to:

**Chairman Scholarship Committee  
CLB Old Comrades Association, Lodge 1  
106 LeMarchant Road  
St. John's NL A1C 2H2**

**Application Form**

**The CLB Old Comrades Association 60<sup>th</sup> Anniversary Scholarship**

(Applicant: Fill in Section A of this form and bring it to the Rector of your Parish.)

**Section A**

Name \_\_\_\_\_ Rank \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_

**Section B**

Dear Rector:

The above named member of the CLB has applied for the CLB Old Comrades Association Scholarship. When considering this application, emphasis will be placed on activity at the Company level and on general involvement in the **overall life of the Parish**. Your frank assessment of this applicant (including strengths and weaknesses) would be appreciated. Any extenuating circumstances which you feel would be helpful to the selection committee (family circumstances, financial strains, etc.) should be included. Comments may be written on this form and sent directly to:

**The Reverend Christopher Snow  
40 Craigmiller Avenue  
St. John's NL A1E 1Z8**

**Section C**

**Rector's Comments** (Please use the reverse side if additional space required)

Rector \_\_\_\_\_ Date \_\_\_\_\_

**Mail not later than May 31<sup>st</sup>**