

**APPLICATION FOR LIEUTENANT-COLONEL JACK DE HART MC,CD  
MEMORIAL BURSARY**

1. Applicant's full name and rank: \_\_\_\_\_

2. Social Insurance Number  
(required by Revenue Canada):     

3. Unit: \_\_\_\_\_

4. Unit Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Home Address: \_\_\_\_\_  
Phone:

\_\_\_\_\_

6. Post Secondary Educational Institution: \_\_\_\_\_  
Phone:

7. Number of post secondary years successfully completed: \_\_\_\_\_

8. Has applicant attained RESO Phase 2 (Artillery) or higher?    Yes     No

9. Recommendation of Commanding Officer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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