



# OCEAN RANGER AWARD – APPLICATION FORM

(preference will be given to applicants who are widows or lineal descendants)

Name (Print) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current Mailing Address (Print) \_\_\_\_\_

Which Post Secondary Institution are you attending?

☐ Memorial University of Newfoundland Student Number \_\_\_\_\_

☐ Marine Institute Student Number \_\_\_\_\_

☐ College of the North Atlantic Campus \_\_\_\_\_ Student Number \_\_\_\_\_

☐ \*Other, please specify and provide telephone number of Institution \_\_\_\_\_

*\*If you are registered at an institution other than the three noted above, please provide proof of current registration*

What school, or institution, did you attend last year? \_\_\_\_\_

Are you a widow or lineal descendant of an Ocean Ranger victim? (Lineal descendant refers to children, grandchildren, great-grandchildren etc.) \_\_\_\_\_

What was the victim's full name? \_\_\_\_\_

**Deadline: Completed application must be returned by Friday, January 16, 2026.**

## **INSTRUCTIONS**

If you are a widow or lineal descendant of a victim of the Ocean Ranger disaster the following documents must accompany this application:

- a) Most recent academic transcript
- b) If not studying at one of the 3 institutions noted above, proof of current post-secondary registration
- c) An affidavit which must certify your eligibility as a spouse or lineal descendant of an Ocean Ranger victim. The attached form may be used for this purpose providing that it is witnessed by an acceptable authority such as a Commissioner of Oaths or Notary Public.
- d) Documentation to support confirmation of lineage (e.g., birth certificate(s), etc.).

This application, together with supporting documents, must be returned by the deadline date to the appropriate Scholarships Office at either:

☐ Memorial University of Newfoundland      ☐ Marine Institute      ☐ College of the North Atlantic

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# SAMPLE AFFIDAVIT

## Confirmation of Eligibility as a Spouse or Lineal Descendant of an Ocean Ranger Victim

APPLICANT NAME (PLEASE PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### WITNESSED / CERTIFIED BY:

(ACCEPTABLE NOTARIES INCLUDE, BUT ARE NOT LIMITED TO, LAWYERS, JUSTICES OF THE PEACE, NOTARIES PUBLIC, COMMISSIONERS OF OATHS, MEMORIAL UNIVERSITY OFFICE OF GENERAL COUNSEL, ETC.).

NAME (PLEASE PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SEAL: