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 15, 2027.

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 AFFIDIVIT

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, NOTORIES PUBLIC, COMMISSIONERS OF OATHS, MEMORIAL UNIVERSITY OFFICE OF GENERAL COUNSEL, ETC.).

NAME (PLEASE PRINT):_____

TITLE:_____

CONTACT NUMBER:_____

CONTACT E-MAIL:_____

SIGNATURE: _____

SEAL: