



OCEAN RANGER AWARD APPLICATION FORM

(to be used only by applicants who are widows or lineal descendants)

Name (Print) _____ SIN _____ Date of Birth _____

Home Address (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? _____

If you are a child of a victim, what is your mother's, or guardian's full name? _____

Deadline: Completed application must be returned by 3rd Friday in January.

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 AFFADIVIT

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: