SAINT JOHN DIOCESAN COUNCIL

THE CATHOLIC WOMEN’S LEAGUE OF CANADA

STUDENT BURSARY

Name…………………………………………………………………………..Date of Birth…………………………..

Address………………………………………………………………………………………………………………………..

 ………………………………………………………………………………………………………………………..

Telephone…………………………………………………………………………………………………………………….

Academic Qualifications: Will you be a High School Graduate in June ?...........................

Name of High School……………………………………………………………………………………………………..

Are you a mature student ?.........Name of School………………………………………………………….

Date of graduation………………………………………………………………………………………………………..

What course do you plan to pursue: Give name and location of Institution?

1. University…………………………………………………….. ..Course……………………………
2. Community College………………………………………….Course…………………………….
3. Business College………………………………………………Course…………………………….

Father’s Name……………………………………………………………………………Occupation……………………………………………

Mother’s Name…………………………………………………………………………Occupation……………………………………………

Number of dependent children In family, including yourself………………………………………….

Name of CWL Parish Council …………………………………………………………………

President of your CWL Parish Council……………………………………………………

The application form must be accompanied by the three items listed below when submitted:

 1. A letter from the applicant stating your need for the Bursary

 2. A letter from the High School Principal or your Home Room Teacher

 3. An up-to-date transcript of marks.

Signature of Applicant………………………………………………………………Date…………………………………….

PLEASE NOTE

In selecting the candidate, emphasis will be placed upon his or her

1. Need for financial assistance (strictly confidential)
2. Satisfactory scholastic achievement
3. Attention to religious duties Date Due March 4, 2016