

**Saint Michael's Catholic Women's League
Student Bursary Application**

Bursary Amount: \$300.00

1. Name: _____ Date of Birth: _____

2. Address: _____

Academic Qualifications:

3. What University/College do you plan to attend (name/location): _____

4. What program will you be taking at University/College? _____

5. Father's Name: _____

Father's Occupation: _____

6. Mother's Name: _____

Mother's Occupation: _____

7. Number of dependent children in family including yourself: _____

8. (if applicable) Name of Mother or Grandmother who is a member of St. Michael's Basilica CWL:

9. Signature of Applicant _____ Date: _____

Note: Required with this form are the following

- a) A letter from the applicant stating need for bursary.
- b) A transcript of marks
- c) Reference letter from the Principal or a teacher
- d) Letter of acceptance from University/College

Please submit the above to the St. Michael's Basilica Parish Office by MAY 15th

10 Howard Street, Miramichi NB E1N 0C4 **OR email to:** office@saintmichaels.ca

(if emailed, please write **St. Michaels CWL Bursary** in the subject line)

Note: In selecting the candidate, emphasis will be placed on the following criteria:

- a) Financial need
- b) Satisfactory scholastic achievement
- c) Attention to religious duties