

**ST. MARY'S CATHOLIC WOMEN'S LEAGUE OF CANADA
ST. MARY'S PARISH CWL COUNCIL
BURSARY APPLICATION FORM**

BURSARY OF \$1,000.00 TO A CHILD or GRANDCHILD OF A LEAGUE MEMBER

STUDENT MUST BE ENTERING FIRST YEAR OF A POST SECONDARY INSTITUTION AND MUST PROVIDE NAME OF INSTITUTION WITH ACCEPTANCE INFORMATION

Name: _____
(Given Names) (Surname)

Address: _____

Telephone: _____

E-mail: _____

Family Information: _____
(Father/Guardian Name) (Occupation)(Full/Part time)

(Mother/Guardian Name) (Occupation)(Full/Part time)

Number of family dependants, siblings, including self: _____

Name and Parish of CWL Member (in good standing for at least one year): _____

Educational Institutions applied to or accepted: _____

Area(s) of study: _____

**I am fully aware of the general requirements set forth by the St. Mary's Parish CWL and understand all that the applications will be reviewed by a Bursary Committee.
The decisions of the Bursary Committee will be final.
The information provided in this application and accompanying letters is accurate and true.**

Student/Applicant Signature: _____

Parent/Guardian Signature: _____

Date: _____
(Day) (Month) (Year)