

THE CATHOLIC WOMEN'S LEAGUE OF CANADA
OUR LADY OF THE MIRACULOUS MEDAL COUNCIL
RUSSELL, ONTARIO

BURSARY APPLICATION FORM

NOTE: Before completing this form, please refer to the attached brochure.
Please complete this application form in its entirety (both sides).
You must enclose all supporting documents as set out in the attached brochure.

STUDENT'S DEMOGRAPHICS

STUDENT'S NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ EMAIL: _____
DATE OF BIRTH: _____ (YYYY/MM/DD)
MALE _____ FEMALE _____

SCHOOL INFORMATION

SCHOOL'S NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: _____

OR

HOME SCHOOL: _____

UNIVERSITY/COLLEGE APPLICATIONS

NAME OF INSTITUTION	APPLICATION ACCEPTED		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

NOTE: Upon acceptance to university or college, the bursary recipient must provide a copy of the acceptance letter to the CWL.

AWARDS & ACHIEVEMENTS

Please complete this chart starting with the current year.
Use additional pages if necessary.

YEAR	GRADE	AWARD/ACHIEVEMENT	SCHOOL/CLUB

PARISH INVOLVEMENT

Please list your involvement in our parish starting with most recent.
Use additional pages if necessary.

YEAR	INVOLVEMENT

COMMUNITY ACTIVITIES/EMPLOYMENT

Please list any community activities in which you have been involved starting with the most recent. You may also include part-time or summer employment.
Use additional pages if necessary.

YEAR OR DATE	NAME OF ORGANIZATION	JOB OR ACTIVITY

DATE: _____ **SIGNATURE OF APPLICANT:** _____