

THE CATHOLIC WOMEN'S LEAGUE OF CANADA (CWL)
ASCENSION CATHOLIC PARISH COUNCIL
1100 BERKSHIRE BLVD. N.W. CALGARY, AB T3K 3M3

ASCENSION CWL COUNCIL BURSARY APPLICATION FORM * BURSARY OF \$1,000.00*

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

Name: _____

Address: _____

Telephone/Cell : _____

Email: _____

FAMILY INFORMATION:

(Father/Guardian Name): _____

(Mother/Guardian Name): _____

Number of Family Dependents Including Self: _____

EDUCATIONAL INFORMATION:

Educational Institutions Applied to or Accepted by: _____

Area of Study: _____

I am fully aware of the general requirements set forth by Ascension Catholic Parish CWL and understand 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.

DATE: _____ (DAY/MONTH/YEAR)

STUDENT/APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____