

VICTORIA DIOCESAN CATHOLIC WOMEN'S LEAGUE BURSARY" In Memory of Freda Smith" (\$500)

APPLICATION FORM

Student's Name; _____

Home Address: _____

(Postal Code): _____

Phone Number: _____

Mailing Address: (while at school, if different)

Name of School _____

School Address _____

(Postal Code): _____

School Phone Number _____

Father's Name _____ Mother's Name _____

Family Combined Income Range (Check one) __ \$20,000 to \$40,000; ___ \$40,000 to \$60,000;
___ \$60,000 to \$80,000; __ \$80,000 to \$100,000

List ages of dependent children (including student) _____

Parish Church (participating at) _____

Signature of Parish Pastor _____

Signature of Parent(s): Father _____

Mother _____

Signature of a CWLMember _____ Council: _____

Please Attach:

(1) A transcript of your Secondary School marks to date,

(2) A Narrative Essay telling us about yourself..(Composition: make it interesting. This will tell us about you. Tell us about your family, your interests, your successes, your parish and community involvement and your future goals.)