

BURSARY APPLICATION FORM: St. Ann's Catholic Women's League - 2020

NAME: _____ (Surname) _____ (Given Name)

ADDRESS _____
POSTAL CODE _____

CITY _____
TELEPHONE # _____

SENIOR SECONDARY SCHOOL _____
PHONE # _____

FAMILY DATA:

(Father/Guardian) _____
(Occupation) _____

(Mother/Guardian) _____
(Occupation) _____

Have you or will you be applying for any other Bursary or Scholarship?

Yes _____ No _____

If yes, how much is the award? _____

Post secondary institution applied to or accepted in: _____

Area of study: _____

All information given is confidential. The application will be reviewed by a selection committee and their decision will be final.

I agree that the information I have provided in this application and accompanying letters is accurate and true.

Student's Signature _____
Parent/Guardian Signature _____

Date _____
Due Date: May 22, 2020

Please return to St. Ann's Parish Office c/o Louise Young 604.859.7776