



ST. ALBERT THE GREAT PARISH - CATHOLIC WOMEN'S LEAGUE
EDUCATIONAL BURSARY

APPLICATION FORM (please print)

Name: _____

Address: _____

Telephone: (Home) _____ Cell/Mobile: _____

Email Address: _____

Name of SATG CWL Member supporting your application:

Educational program: _____

Educational Institution and Address: _____

Provide details on your volunteer activities over the past five years (include the name of the organization and a brief description of the organization's objective). Attach a separate page if needed.

Use a maximum of 2 pages (8x11), 12 point, single space to answer the following questions. Please include relevant examples.

1. Why you have chosen your field of education / career?

2. What makes you a unique candidate for the bursary?

3. How are you living out your Catholic Values/Faith?



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Please include two personal reference letters

First Reference (Print name, telephone and address)

Name: _____

Address: _____

Phone: _____

Second Reference (Print name, telephone and address)

Name: _____

Address: _____

Phone: _____

Before submitting your application, make sure you have:

- Completed the application form.
- Attached two personal letters of reference.
- Attached your proof of registration for the post secondary institution.

Signature: _____ Date: _____