

**THE ONTARIO PROVINCIAL COUNCIL of
The Catholic Women's League of Canada**

APPLICATION FORM

**BISHOP BERNARD F. PAPPIN
MEMORIAL BURSARY**

Name of Applicant: _____

Current Address: _____

Telephone: _____ Email: _____

Name of Bishop: _____

Home Parish: _____ Location: _____

Seminary Attended: _____

Current Year of Studies: _____

Anticipated Year of Ordination: _____

Are you receiving other financial assistance? _____

If yes, please give details. _____

**It is understood that recipients name will be
printed in CWL publications.**

Applicants signature

Date

Email completed form and documentation by January 31st to:
presidentontario@gmail.com

- Please attach two letters of reference as requested. It is understood that the Bursary Committee may discuss this application with your references.
- Please attach your bio.

All paperwork must be submitted for consideration of Bursary.