



BURSARY APPLICATION FORM

BISHOP BERNARD F. PAPPIN MEMORIAL BURSARY FOR SEMINARIANS

NAME OF APPLICANT :
(please use capital)

CURRENT ADDRESS :

TELEPHONE : _____ E-MAIL : _____

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 PROVIDE DETAILS :

It is understood that the recipient's name will be printed in CWL publications and other media

Applications Signature

Date

Email completed form and documentation by March 31st to: opcpresident@tbaytel.net

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

Please attach your biography

All paperwork must be submitted for consideration of Bursary