

ONTARIO PROVINCIAL COUNCIL

The Catholic Women's League of Canada

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 r	ecipient's name will be printed in CWL publications and other media
Applications Signature	Date
mail completed form an	d documentation by March 31st to: opcpresident@tbaytel.net
Please attach two lette	rs of reference as requested. It is understood that the Bursary
Committee may discus	s this application
Please attach your biog	graphy
ll paperwork must be submitted for consideration of Bursary	