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

BURSARY APPLICATION FORM

BISHOP BERNARD F. PAPPIN MEMORIAL BURSARY FOR SEMINARIANS

NAME OF APPLICANT:
(Please use capitals.)

CURRENT ADDRESS:

TELEPHONE: _____ **E-MAIL**: _____

NAME OF BISHOP:

HOME PARISH: _____ **LOCATION**: _____

SEMINARY ATTENDED:

CURRENT YEAR OF STUDIES:

ANTICIPATED YEAR OF ORDINATION:

(Optional) ☐ I give permission that my name be shared with CWL members who wish to pray for me, so that they may accompany me on my journey of faith.

_____ _____

Applicant's Signature *Date*

Email completed form and documentation by September 15th to:
cwlontbishoppappinbursary@gmail.com

☐ My two letters of reference are attached/enclosed as requested.

☐ My one-paragraph biography is attached/enclosed.

☐ My personal photo is attached/enclosed.

☐ All paperwork is submitted with this application.

Personal information contained in this application will be used by the administration committee to determine the eligibility of the applicant for a bursary. This information will be held in a secure file by the president for as long as the applicant is eligible to reapply, and then it will be destroyed.
Applicants will be notified by October 31 if application is approved or declined.

This fillable form may be accessed at: https://cwl.on.ca/forms/