

**THE CATHOLIC WOMEN'S LEAGUE OF CANADA
NATIONAL BURSARY APPLICATION FORM**

N.B. Before completing this form, please refer to the reverse.

Name: _____ **Joined the CWL in:** _____

Address: _____
_____ (include postal code)

Telephone: (home) _____ **(business)** _____

Name of Parish Council: _____

Diocese: _____



Description of proposed studies (courses, seminars, workshops, other):

Curriculum/course outline (please submit a copy):

Duration of above:

Location (institution):

Expenses: Registration or tuition: \$ _____

Other assistance:

Are you in receipt of, or have you applied for, other financial assistance? Yes _____ No _____

If yes, please give details:

Indicate briefly the reasons for your interest in pursuing these studies:

Signature of applicant: _____ **Date:** _____

Mail this form with all supporting documentation to:

CWL National Office
C-702 Scotland Ave.
Winnipeg, MB R3M 1X5