



ST. THERESA'S CATHOLIC WOMEN'S LEAGUE BURSARY

NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WILL YOU BE A HIGH SCHOOL GRADUATE IN JUNE OF THE CURRENT YEAR? _____

NAME OF HIGH SCHOOL UPON GRADUATION: _____

POST SECONDARY EDUCATION: PLEASE INDICATE THE NAME AND LOCATION OF THE INSTITUTION AND THE ANTICIPATED COURSE YOU ARE APPLYING FOR:

1. UNIVERSITY: _____

2. COMMUNITY COLLEGE: _____

3. BUSINESS COLLEGE: _____

4. OTHER: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

NOTE: IN SELECTING THE CANDIDATE EMPHASIS WILL BE PLACED UPON:

1. SCHOLASTIC ABILITY - PLEASE INCLUDE A TRANSCRIPT OF FINAL MARKS
2. PARTICIPATION IN PARISH ACTIVITIES
3. PARTICIPATION IN COMMUNITY ACTIVITIES

THE RECIPIENT OF THE BURSARY WILL BE ANNOUNCED AT THE BEGINNING OF JUNE AND PRESENTED UPON RECEIPT OF REGISTRATION TO THE INSTITUTION OF CHOICE.

PLEASE INCLUDE WITH YOUR APPLICATION, A COVERING LETTER AND A COPY OF YOUR LETTER OF ACCEPTANCE FROM THE REGISTRAR'S OFFICE. PLEASE SUBMIT THE ABOVE TO:

ST. THERESA'S CWL
CHAIR OF EDUCATION
1 WILLIAM STREET
FREDERICTON, N.B. E3A 1N1

CLOSING DATE: MAY 31, 2025

