



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, 2026