

**VICTORIA DIOCESAN CATHOLIC WOMEN'S LEAGUE BURSARY, "In Memory of Freda Smith" (\$500)**

**APPLICATION FORM**

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
(Postal Code)

Phone Number: ( ) \_\_\_\_\_

Mailing Address: (while at school, if different) \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_ (Postal Code) \_\_\_\_\_

School Phone Number ( ) \_\_\_\_\_

.....  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Family Combined Income Range (Check one) \_\_\_\_ \$20,000 to \$40,000; \_\_\_\_ \$40,000 to \$60,000;

\_\_\_\_ \$60,000 to \$80,000; \_\_\_\_ \$80,000 to \$100,000

List ages of dependent children (including student) \_\_\_\_\_

\_\_\_\_\_  
Parish Church (participating at) \_\_\_\_\_

Signature of Parish Pastor \_\_\_\_\_

Signature of Parent(s) Father \_\_\_\_\_ Mother \_\_\_\_\_

Date \_\_\_\_\_

Signature of a CWL Member \_\_\_\_\_ Council \_\_\_\_\_  
.....

**Please Attach:**

(1) A transcript of your Secondary School marks to date.

(2) A Narrative Essay telling us about yourself... (Composition: make it interesting. This will tell us about you. Tell us about your family, your interests, your successes, your parish and community involvement and your future goals.)

**Send completed form to:**

***Ms Pat Carew, 510 Robertson Place, Courtenay, BC V9N 8W5 or patsgene@gmail.com***