

IMMACULATE CONCEPTION PARISH
CATHOLIC WOMEN'S LEAGUE
GRADE SEVEN BURSARY APPLICATION

Name _____
(Family Name) (Given Names)

Home Address _____

Telephone Number _____

Family Information

Father's Name _____

Mother's Name _____

Other Family Members _____

Catholic high school you will be attending _____

General Information

- Refer to separate sheet for application criteria, requirements and general information.
- The successful applicant will be chosen by the CWL in conjunction with the principal.
- The bursary will be awarded at the Grade 7 graduation in June.

I confirm that I am aware of the application criteria and requirements of the CWL bursary. I also acknowledge that the information in this application is correct.

Signature of applicant