

**CHURCH OF ASCENSION CATHOLIC WOMEN'S LEAGUE BURSARY
APPLICATION FORM
2020**

Name: _____

Home Address: _____

Phone Number: _____ Email: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Approximate Gross Income: _____

Affiliation with Church of Ascension: _____

Ascension church & community work involvement:

Signature of Student: _____ Date: _____

Signature of Catholic Women's League member or church representative: (mandatory)

Name: _____ Date: _____

This application is incomplete without the signature of an authorized executive member from the Ascension Church Catholic Women's League Council.

Please include:

- An application letter
- A scholarship resume
- A copy of your academic transcript(s).
- A Financial Need Assessment Form
- A letter of reference
- A letter of acceptance or confirmation of application at an accredited post-secondary institution