

## OLV-CWL Educational Bursary Application Form

### Criteria to Apply for \$500 Bursary:

The applicant must be moving on to a post-secondary education program in the fall of the same year the bursary is awarded. Proof of acceptance into a program will be required. The applicant must be a registered member of our Parish (Our Lady of the Visitation) which can be easily achieved by submitting the online registration form on the church website or by calling the Church office at 613-822-2197. The applicant will submit this completed application form by the deadline and they must accept the bursary in person at a Mass in June (or mutually agreed upon Mass).

Deadline to Apply: March 31st ~ Submit application to [OLVCWLbursary@gmail.com](mailto:OLVCWLbursary@gmail.com)

Please include with your application:

- Letter from Parish Office stating you are a registered member of our Parish
- Reference Letter (non-family member)
- Personal Statement (written/video/photos/recording ~ Be creative!)

### Applicant Information:

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Mailing Address</b>	
<b>Email</b>	
<b>Phone number</b>	
<b>School Currently Attending</b>	
<b>Program/School you plan to attend</b>	
<b>Anticipated start date:</b>	

### Faith and Community Involvement:

Are you an active member of a Catholic Parish?

- Yes
- No

If yes, name of Parish: \_\_\_\_\_

Please check/describe your involvement in your church and/or Community:

- CWL
- KOC
- Choir
- Alter Server
- Children's Liturgy
- Clubs (Provide Example). \_\_\_\_\_
- Community Events (Provide Example) \_\_\_\_\_
- Sports (Provide Example) \_\_\_\_\_
- School Extras (Provide Example) \_\_\_\_\_
- Other (Provide Example) \_\_\_\_\_

Personal Statement/Video/Recording:

Please share your educational goals and how this bursary will support your journey. Feel free to be creative! You may also include how your faith and community values have influenced your path.

References:

Include one letter of reference from a teacher, parish leader or community mentor (non-family member) and provide their contact information:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Declaration:

I certify that the information provided is true and complete and to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_