

**THE CATHOLIC WOMEN'S LEAGUE OF CANADA  
ST. DOMINIC SAVIO COUNCIL**

**2021 SCHOLARSHIP APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CURRENT SCHOOL/WORKPLACE:** \_\_\_\_\_

**POST-SECONDARY INSTITUTE(S) YOU HOPE TO ATTEND:** \_\_\_\_\_

\_\_\_\_\_

**PROGRAM OF STUDY:** \_\_\_\_\_

**CAREER GOAL:** \_\_\_\_\_

**WILL YOU BE RECEIVING SCHOLARSHIPS, BURSARIES OR OTHER FUNDING FOR YOUR EDUCATIONAL COSTS?** \_\_\_\_\_

**IF YES, WHICH ONES?** \_\_\_\_\_

\_\_\_\_\_

**PLEASE WRITE A FEW LINES TO TELL US A LITTLE ABOUT YOURSELF, WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP AND WHY YOU FEEL WE SHOULD AWARD THE CWL SCHOLARSHIP TO YOU.**

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**RETURN THIS FORM  
and  
YOUR LETTER OF RECOMMENDATION  
to the PARISH OFFICE  
by June 30, 2021**

**Or email it to [stdominicsavio.edm@caedm.ca](mailto:stdominicsavio.edm@caedm.ca)**