

**ST. CROIX CATHOLIC WOMEN'S LEAGUE  
EDUCATIONAL ASSISTANCE AWARD - \$300.00**

1. NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. Phone Number: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

4. What course do you plan to pursue: Give name and location of institution:

a) University: \_\_\_\_\_

b) Technical School: \_\_\_\_\_

c) Community College: \_\_\_\_\_

d) Business College: \_\_\_\_\_

5. Father's name \_\_\_\_\_

Father's occupation \_\_\_\_\_

6. Mother's name \_\_\_\_\_

Mother's occupation \_\_\_\_\_

7. Number of dependent children in family including yourself \_\_\_\_\_

8. Name of CWL Parish Council: St. Croix CWL Council and President: Patty Mills

9. The application must be accompanied by:

a) a letter by the applicant stating their need for the award

b) an up-to-date transcript of their marks.

Please forward to:

PARISH EDUCATION AND HEALTH CHAIRPERSON: Darlene Aker, 146 Pleasant Street, St. Stephen,

N.B. E3I 1B3 Phone: 466-4598

Deadline: Monday, May 13<sup>th</sup>, 2024

10. Have you been baptised Catholic? \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTE: In selecting the candidate, emphasis will be placed upon his or her:

a) Need for financial assistance (strictly confidential)

b) Satisfactory scholastic achievement

c) Attention to religious duties

**Applicant must be:**

- a) Catholic**
- b) A member of St. Croix Catholic Parish**
- c) A 2024 High School graduate.**
- d) Furthering his/her studies at an Educational Institution**