

**The Hamilton Diocesan Council
of The Catholic Women's League**



Our Lady of Good Counsel Seminarian Bursary

Name: _____

Address: _____

Telephone: _____

Name of Seminary: _____

Address: _____

What year of study are you currently in?: _____

Description of proposed studies: _____

Please remember to attach your letter stating why you should be considered. _____

Signature of applicant: _____

Date: _____

When completed, please forward to:

*The Hamilton Diocesan Catholic Women's League
Our Lady of Good Counsel Seminarian Bursary
C/O The Diocese of Hamilton
700 King St. W.,
Hamilton, ON L8P 1C7*

For office use only: _____ **Application No.:** _____

Received on: _____ **Approved on:** _____

Presented on: _____ **Presented by:** _____