

## Unights of Columbus

CANON LUHOVY ASSEMBLY UKRAINIAN EDUCATIONAL FOUNDATION 115 Regatta Rd., Winnipeg, Manitoba, R2G 2Y7 204-668-4358 or email at lmariash@mymts.net



## **2021 BURSARY APPLICATION FORM**

FOR SECONDARY (Private Catholic) AND POST-SECONDARY (University & College) STUDENTS of the Archeparchy of Winnipeg

| PERSONAL DATA:   |  |                            |                              |   |    |   |                                 |  |
|--|--|----------------------------|------------------------------|---|----|---|---------------------------------|--|
| Surname:   | Surname: Given Name(s):                            |                            |                              |   |    |   |                                 |  |
| Mailing Address:   |  |                            |                              |   |    |   |                                 |  |
| City or Town:  | Prov.  | ·.:                        | Po                           |   | Po | Postal Code:                                      |                                 |  |
| Telephone Number: ( )  | Year   | Year of Birth (year only): |                              |   |    |   |                                 |  |
| Place (city/town) of Birth:  |  |                            |                              |   |    |   |                                 |  |
|  |  |                            |                              |   |    |   |                                 |  |
| AMILY DATA:  |  |                            |                              |   |    | -   |                                 |  |
| Is any member of your family a Knight of C   | Columbus?  | YES                        |                              |   |    | NO  | Relationship to you             |  |
|  |  |                            |                              |   |    |   | _                               |  |
| Father's place of employment   |  |                            | Mother's place of employment |   |    |   | ent                             |  |
| Position Held  |  |                            |                              |   |    | Position He                                       | eld                             |  |
| Scholarship for the current academi  Have you now or intend to have a journmer?  |  | S Yes                      |                              |   |    | If yes, state/estimate total amount you hope to o |                                 |  |
| ARISH DATA AND ACTIVITIES IN THE  Name of (Archeparchy of Winnipe  Please list your activities in the Uk choir, Youth Winter Games, etc.): | eg) Parish to which you<br>crainian Catholic Churc | ı belor                    | ng:                          |   |    | g. altar server                                   | , Youth Club, catechism, dance, |  |
| (1)  |  |                            |                              |   | _  |   |                                 |  |
| (2)  |  |                            |                              |   |    |   |                                 |  |
| (3)  |  |                            |                              |   | _  |   |                                 |  |
| (4)  |  |                            |                              |   | _  |   |                                 |  |
| (5)  |  |                            |                              |   | _  |   |                                 |  |
| (6)  |  |                            |                              |   | _  |   |                                 |  |
| (7)  |  |                            |                              | _ | _  |   |                                 |  |

| (2) Please submit a photocopy of  | your most recent transcript:  |                              |   |  |  |  |  |  |
|---|---|------------------------------|---|--|--|--|--|--|
|   |   |                              |   |  |  |  |  |  |
| HIGH SCHOOL/UNIVERSITY/COLLEG   |   | CTIVE:                       |   |  |  |  |  |  |
| (1) Name of Institution that you a  | (1) Name of Institution that you are or will be attending:  |                              |   |  |  |  |  |  |
| (2) Will you be attending on a ful  | Il or part time basis?  |                              |   |  |  |  |  |  |
| (3) Major/Minor Fields of Study   | (3) Major/Minor Fields of Study:  |                              |   |  |  |  |  |  |
| (4) Your Grade or Year in your  | (4) Your Grade or Year in your Program of Studies:  |                              |   |  |  |  |  |  |
| (5) Length of Program of Studies  | (5) Length of Program of Studies:   |                              |   |  |  |  |  |  |
| (6) Anticipated Date of Graduati  | (6) Anticipated Date of Graduation (mm/yy):   |                              |   |  |  |  |  |  |
| (7) Career Aspirations:   | (7) Career Aspirations:   |                              |   |  |  |  |  |  |
|   |   |                              |   |  |  |  |  |  |
| IOGRAPHICAL RESUME (one-half page   | e 200 word maximum):  |                              |   |  |  |  |  |  |
| Please attach a one-half page form, your resume could inclu   | Please attach a one-half page (200 word maximum) Biographical Resume. Unless otherwise stated on the application form, your resume could include a little bit about yourself, Ukrainian Catholic church experience, your aspirations and financial need. (Only the first one-half page will be considered if more than one half page is submitted.) |                              |   |  |  |  |  |  |
| AMES AND ADDRESSES OF TWO REF   | FERENCES: (Please Print)  |                              |   |  |  |  |  |  |
| Name (Please print):  |   | Name (Please print):         |   |  |  |  |  |  |
| Street Address:   |   | Street Address:              |   |  |  |  |  |  |
| City or Town:   |   | City or Town:                |   |  |  |  |  |  |
| Postal Code: Teleph   | none:   | Postal Code: Telephone:      |   |  |  |  |  |  |
|   |   |                              |   |  |  |  |  |  |
| PPLICATION CHECKLIST: (Please chec  | ck off the items to ensure that you   | ur application is complete.) | ) |  |  |  |  |  |
| Completed Application Form:   |   | Transcript of Marks:         |   |  |  |  |  |  |
| Biographical Resume (200 word   | maximum):   | Signature of Applicant:      |   |  |  |  |  |  |
| DEADLINE FOR APPLICATIONS: SEPTEMBER 30, 2021 (Applications received after deadline and incomplete applications will not be processed.)  f you have any questions, please contact Leonard Mariash at 204-668-4358 or email at lmariash@mymts.net  URN TO:  Canon Luhovy Assembly Ukrainian Educational Foundation  115 Regatta Rd. Winnipeg, MB R2G 2Y7 |   |                              |   |  |  |  |  |  |
| FFIRMATION AND SIGNATURE:   |   |                              |   |  |  |  |  |  |
|   |   |                              |   |  |  |  |  |  |
| This will affirm that I am a prac   | cticing Catholic in Union with th   | he Holy See                  |   |  |  |  |  |  |
| Applicant: (Signature)  | (Please P   | ?rint)                       |   |  |  |  |  |  |

ACADEMIC STANDING & TRANSCRIPT:

(1) Please state your Academic Average or GPA: