

**ST. PIUS X
BURSARY AWARD PROGRAM
IN HONOUR OF THE CANADIAN JESUIT MARTYRS**

**2018 APPLICATION FORM
FOR MUN CATHOLIC CHAPLAINCY PARTICIPANTS**

This bursary award, valued at \$500, will be awarded to the most successful participant from the MUN Catholic Chaplaincy Program. The characteristics exhibited by the recipient should be an individual who is:

- Intellectually Competent
- Open to spiritual growth
- Warm, friendly, loving and who demonstrates empathy towards others
- Committed to Justice in generous service to the people of God

This application may be accessed as a PDF file in the documents section of the St. Pius X Parish Website - www.spx.ca . If you need assistance in completing this application, please contact the *Parish Office* - 754-0170 or e-mail stpiusx@nl.rogers.com .

Applications will be accepted until close of business hours on *May 31, 2018*.

**ST. PIUS X
BURSARY AWARD PROGRAM
IN HONOR OF THE CANADIAN JESUIT MARTYRS**

**2018 APPLICATION FORM
FOR MUN CATHOLIC CHAPLAINCY PARTICIPANTS**

All information supplied on this form is for the viewing of the Selection Committee only and will be held in strictest confidence.

You must complete ALL applicable sections on this form to the best of your ability in order to be eligible for consideration of the Bursary. All completed applications and supporting documents are to be returned to the *Parish Office no later than May 31, 2018.*

More information may be obtained by contacting the *Parish Office - 754-0170* or email stpiusx@nl.rogers.com.

Eligibility requirements include enrolment as a full time student with a minimum G.P.A. of 2. The Bursary will be awarded on the basis of financial need, participation in the MUN Catholic Chaplaincy Program as evidenced by Sunday Mass attendance, involvement in Chaplaincy sponsored initiatives of spiritual formation/renewal, and community outreach activities.

Applicant's name _____

Date of Birth _____

Complete Address _____

Phone Number _____

E-mail Address _____

Educational institution you are attending _____

Full Time Enrolment: YES ____ NO ____

Faculty/Program _____

How many semesters successfully completed to date _____

Expected date of program completion _____

I affirm that the information in this application is correct to the best of my knowledge and that I am a participant in the MUN Catholic Chaplaincy Program.

Applicant's signature: _____

Date: _____

NOTE: *An official transcript (green copy) of marks from the Office of the Registrar MUST accompany this application form.*

Applicant # _____
(To be assigned by the Selection Committee)

FINANCIAL ASSISTANCE

List all financial assistance and amount received for this academic year and since the beginning of your current program of studies. Include scholarships, bursaries, grants and other sources of financial support.

EMPLOYMENT EXPERIENCE

Please list any employment experiences held during your post secondary studies and the length of time for each position held.

Completion of this last page will provide critical information that will be utilized in determining the merit of your application.

Describe your level of experiential involvement/participation in MUN Catholic Chaplaincy. For example, describe what you do to better the lives of other persons. Also, you may include your attendance at Sunday Mass, involvement/participation in Chaplaincy sponsored initiatives of spiritual formation/renewal and community outreach activities. If any extra space is needed, please use reverse side of this page.

In order to confirm your involvement/participation in the MUN Catholic Chaplaincy Program, please have your Catholic Chaplain sign below.

OR

Please attach email confirmation from Fr. Joe Mroz, SJ with this application - ej_mroz@yahoo.ca

Fr. Joe Mroz, SJ:

Signature: _____

(Revised: 2018)

Checklist for Applicant

I have fully completed all sections requesting information.

- 1.
2. I have included an official transcript of marks from the Office of the Registrar.
3. My official documentation validates that I am a full time student?
4. My official documentation validates that I meet the minimum GPA of 2.
5. My application has been signed or confirmed by email attachment by my Catholic Chaplain.
6. I am aware of the closing submission deadline date of **May 31, 2018**.

(Official transcripts will be returned to the applicant upon request.)

I have reviewed the above checklist and am aware of the requirements outlined. I understand that failure to meet any of these requirements will result in the disqualification of my application.

Signature of Applicant

Date

For Office Use ONLY

Date received: _____