

**The Reverend Father Fred Cahill C.S.B.  
Memorial Foundation**

P. O. Box 30153 Chinook Postal Outlet, 6455 MacLeod Trail S.  
Calgary, AB T2H 2V9

**APPLICATION FORM**

*The information provided herein will be kept in the strictest confidence.*

**Section 1: Rationale and Eligibility Requirements**

The bursaries and scholarships provided by the Father Fred Cahill Memorial Foundation are for those who intend to teach and promote the Catholic faith with youth in parishes and schools throughout southern Alberta. To be eligible, applicants must demonstrate how youth will benefit from the applicant's new skills and expertise.

- A. Educator/teacher
- B. Parish catechist
- C. General knowledge/self-improvement
- D. Other: \_\_\_\_\_

**Section 2: Applicant Information**

**Applicant:** \_\_\_\_\_  
Surname Given name(s)

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City Province Postal Code

**Telephone:** \_\_\_\_\_  
Home Mobile

**Email address:** \_\_\_\_\_

**Social Insurance Number** (required for tax purposes): \_\_\_\_\_

**Education:** High School: \_\_\_\_\_  
Post-Secondary: \_\_\_\_\_  
Degree(s) Achieved: \_\_\_\_\_

**Section 3: Proposed Program of Study**

**Name of Institution/Conference Title:** \_\_\_\_\_

**Course/Conference Dates:** \_\_\_\_\_

**Program/Area of Study/Conference (provide title and brief description):** \_\_\_\_\_  
\_\_\_\_\_

**Have pre-requisites been met?** \_\_\_\_\_ **Is the course being taken for credit?** \_\_\_\_\_

**Degree/Diploma/Certificate Expected:** \_\_\_\_\_

**Section 4: Financial Information**

Please provide the following information:

**Applicant:** Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Income: \_\_\_\_\_  
Number of dependents: \_\_\_\_\_

**Spouse:** Occupation: \_\_\_\_\_  
(If applicable) Employer: \_\_\_\_\_  
Income: \_\_\_\_\_

**\*Tuition/conference registration fee:** \_\_\_\_\_  
(\*Do not include travel, housing or meals)

**Books/course supplies:** \_\_\_\_\_

**Other (please specify):** \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

Has the applicant previously applied to the Cahill Foundation for financial assistance? \_\_\_\_\_

If so, provide the following information:

| Date of Application | Amount Granted |
|---------------------|----------------|
| 1. _____            | _____          |
| 2. _____            | _____          |
| 3. _____            | _____          |

**Bursaries received from other sources:** \_\_\_\_\_

**Section 5: Required Letters of Reference**

Please provide three letters of reference. Note that one of the letters of reference must be from the applicant's current parish priest. Enclose all letters of reference with this application. Letters of reference will be kept on file for two years and do not need to be included in subsequent applications within the two year time period unless a new priest is assigned to the parish or the applicant moves into a different parish.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date