



**The Catholic Women's League of Canada
Edmonton Diocesan Council
2015 Annual Report Form
Report for January 1st – December 31st, 2015**

EDUCATION & HEALTH

Council Name: _____ Zone: _____
City or Town: _____
Chairperson's
Name: _____
Address: _____
Phone: _____ E-mail: _____

1. CATHOLIC SCHOOLS & CATECHESIS

- a) How did your Council and members help in schools? _____

- b) Do any of your members sit on School Boards? How many? _____
Parent/Teacher Councils? _____ How many? _____

2. RITES OF CHRISTIAN INITIATION

- a) Did any members participate in the in RCIA programs?
How many? _____ In what role?

3. LITERACY AND CONTINUING EDUCATION

- a) How many members participated in literacy programs or "English as a Second Language" education? _____
In what way? _____

- b) Did any council members attend post secondary institutions?
How many? _____ What courses? _____
Did any members take courses on-line?
How many? _____ What courses? _____
- c) In 2015 how many council members attended conventions?
Diocesan ____ Provincial ____ National ____

4. SCHOLARSHIPS AND BURSARIES

- a) Did your council present any scholarships/bursaries?
Elementary level _____ How much? _____
Junior High level _____ How much? _____
High School level _____ How much? _____
University level upon completion of grade 12 _____ How much? _____

Has any member(s) in your council applied for/received a scholarship/bursary in 2014?

If so for which course, seminar, workshop, diploma program or lay formation program? _____

c) Would your members recommend any of the above to CWL sisters? _____

5. GENERAL INFORMATION

a) Did your council advertise the Poster and Essay Contest? How? _____

b) How many schools in your Parish participated in the Contest? _____

c) Do you have any suggestions pertaining to the Poster/Essay Contest? _____

d) How has your council promoted religious reading to your members (i.e. book club or Scripture Study)? _____

1. WELLNESS AND PHYSICAL ACTIVITY

a) What actions were taken to promote wellness in your community? e.g. organizing speakers on health issues, attending promotion events? _____

b) What types of physical activities do your members engage in weekly? e.g. water aerobics, walking, yoga, etc.?

2. SICKNESS/DISEASE

a) How did your council take care of their members (family/friends) relating to wellness or sickness/disease? _____

b) How many of your Council members faced a serious medical condition this year?

c) Are your Council meetings held in a handicap accessible facility? _____

Please feel free to use an additional page for completion of questions, adding comments or suggestions. **Thank you for completing and submitting your Annual Report !**