

ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN

BOARD OF TRUSTEES

DIOCESE OF EASTERN NEWFOUNDLAND AND LABRADOR

19 King's Bridge Road

St. John's, Newfoundland and Labrador

A1C 3K4

APPLICATION FOR ASSISTANCE

(To be completed by Parish Priest or designate)

1. Family Name _____ Telephone _____

2. Complete Address _____

3. Father's Name _____ Living: Yes ___ No ___

4. Mother's Name _____ Living: Yes ___ No ___

5. Denomination _____ Parish _____

6. If non-Anglican, what is your affiliation with the Anglican Church (i.e. Church Youth Group) _____

7. Applicant(s) living with _____ Relationship _____
Name(s)

8. Applicants:
Name Age School Grade

i. _____

ii. _____

iii. _____

iv. _____

v. _____

9. Specify purpose of assistance _____ Specify amount required \$ _____

10. Specify total amount of income from all sources:

Social Assistance..... \$ _____
Employment Insurance..... \$ _____
Child Tax..... \$ _____
Employment..... \$ _____
Other (Specify)..... \$ _____

11. On the reverse please provide additional comments which would assist the Board to assess this Application (i.e.: health of children, family situation, etc..).

12. Parish Priest or designate _____ Parish _____ Date _____

Board of Trustee use only

Approved for \$ _____ Chairperson _____

Date _____ Treasurer _____

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APPLICATION FOR BURSARY
(To be completed by Applicant)

1. Name of Applicant _____
2. Full Home Address _____ Telephone _____
3. Current Address _____ Telephone _____
4. Date of Birth _____ 5. Marital Status _____
6. Parish Affiliation _____ 7. Prior Degree(s) _____
8. Institution _____ 9. Date Entered _____
10. Programme of study _____ 11. Courses Registered this Semester _____
12. Parents Names
Father _____ Living: Yes _____ No _____
Mother _____ Living: Yes _____ No _____
13. Number of non-working children in the family _____ 14. Number of working persons _____
15. Approximate Total Family income from all Sources \$ _____
- | | |
|---------------------------------------|-------------------------------------|
| 16. Estimate of Expenses per Semester | 17. Estimate of Income per Semester |
| Tuition \$ _____ | Student Loan \$ _____ |
| Books \$ _____ | Student Bursary \$ _____ |
| Rent/Board \$ _____ | Scholarships \$ _____ |
| Other \$ _____ | Other \$ _____ |
| Total Expenses \$ _____ | Total Income \$ _____ |

18. In your opinion what are your needs? _____

Please note: Failure to answer all questions and to provide all information will cause a delay in processing this application. Please attach most recent official transcript of marks (Level 111 or Post-secondary Institution).

I hereby declare that I have disclosed all facts required, fully and accurately, to the best of my knowledge and belief.

Signature of Applicant

Signature of Parent/Guardian

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BOARD OF TRUSTEES
DIOCESE OF EASTERN NEWFOUNDLAND AND LABRADOR**

**APPLICATION FOR BURSARY
(To be completed by Parish Priest or designate)**

1. Name of Applicant _____

2. Address of Applicant _____

3. Additional comments and background which would assist the Board to assess this Application.

4. I have examined this completed application for bursary and recommend it.

Parish Priest or designate _____ Parish _____ Date _____

Board of Trustee use only

Approved for \$ _____

Chairperson _____

Date _____

Treasurer _____

(revised AGM 2016)