

**ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN**  
**BOARD OF TRUSTEES**  
**DIOCESE OF EASTERN NEWFOUNDLAND AND LABRADOR**  
**22 Church Hill**  
**St. John's, Newfoundland and Labrador**  
**A1C 3Z9**

**APPLICATION FOR ASSISTANCE 2022**  
 (To be completed by Parish Priest or designate)

1. Family Name \_\_\_\_\_ 2. Telephone \_\_\_\_\_

3. Address \_\_\_\_\_

4. Parent \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

5. Parent \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

6. Denomination \_\_\_\_\_ 7. If non-Anglican, what is the affiliation with the Anglican Church. \_\_\_\_\_  
 (i.e. Sunday School, Church Youth Group, C.L.B.)

8. Applicants:

	Name of child	Age	School	Grade
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____

9. Applicant(s) living with \_\_\_\_\_ 10. Relationship \_\_\_\_\_  
Name(s)

11. Specify purpose of assistance \_\_\_\_\_ 12. Amount \$ \_\_\_\_\_

13. Specify total amount of income from all sources:

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

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

15. Parish Priest or designate \_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_  
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*Board of Trustee use only*

Approved for \$ \_\_\_\_\_ Chairperson \_\_\_\_\_

Date \_\_\_\_\_ Treasurer \_\_\_\_\_

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**APPLICATION FOR BURSARY 2022**  
(To be completed by Applicant)

1. Full name of Applicant \_\_\_\_\_
2. Home Address \_\_\_\_\_ 3. Telephone \_\_\_\_\_
4. Current Residence \_\_\_\_\_ 5. Telephone \_\_\_\_\_
6. Date of Birth \_\_\_\_\_ 7. Marital Status \_\_\_\_\_
8. Parish Affiliation \_\_\_\_\_ 9. Prior Degree(s) \_\_\_\_\_
10. Institution \_\_\_\_\_ 11. Date Entered \_\_\_\_\_
12. Programme of study \_\_\_\_\_ 13. Courses Registered this Semester \_\_\_\_\_
14. Parents Names  
Parent \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_  
Parent \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_
15. Number of non-working children in the family \_\_\_\_\_ 16. Number of working persons \_\_\_\_\_
17. Approximate Total income from all sources \$ \_\_\_\_\_
- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 18. Estimate of Expenses per Semester | 19. Estimate of Income per Semester |
| Tuition \$ _____                      | Student Loan \$ _____               |
| Books \$ _____                        | Student Bursary \$ _____            |
| Rent/Board \$ _____                   | Scholarships \$ _____               |
| Other \$ _____                        | Other \$ _____                      |
| Total Expenses \$ _____               | Total Income \$ _____               |
20. 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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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.

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

Parish Priest or designate \_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_

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**Board of Trustee use only**

Approved for \$ \_\_\_\_\_

Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Treasurer \_\_\_\_\_

(revised January 2022)