

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 2024
 (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
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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.....	\$ _____
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 _____

Board of Trustee use only

Approved for \$ _____ Chairperson _____

Date _____ Treasurer _____

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APPLICATION FOR BURSARY 2024
(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. Program 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 if applicant under age 19

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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 _____