

# Anglican Charitable Foundation For Children

Board of Trustees

Diocese of Central Newfoundland

178B Memorial Drive, Clarenville, NL, A5A 1N7

## APPLICATION FOR ASSISTANCE

1. Family Name \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Father's Name \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Religious Denomination \_\_\_\_\_ Parish \_\_\_\_\_

5. Applicant Living with \_\_\_\_\_ Relationship \_\_\_\_\_

6. Names and ages of applicants:

Name	Age	School	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If Non – Anglican was other parish clergy contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Specify total amount of income from all sources

Amount Source

_____	_____
_____	_____
_____	_____

9. Specify purpose of assistance \_\_\_\_\_

10. Specify amount required \_\_\_\_\_

11. Any other additional remarks which would assist the board to asses application such as health of children, family problems, etc. (please continue on reverse side if necessary)

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Recommended by: \_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_

Approved for \$ \_\_\_\_\_ By the Board of Trustees

Chairperson \_\_\_\_\_ Date: \_\_\_\_\_