

BOARD OF TRUSTEES

Anglican Charitable Foundation For Children

Dioocese of Central Newfoundland
P.O. Box 9162 – Clarenville, NL – A5A 2C2

Application For Bursary

Name of Applicant: _____

Full Home Address: _____

Date of Birth: _____ Married _____ Single _____

Date of Entrance to Institution: (Month and Year) _____

Program Desired or Followed: _____

Institution Attending: _____

Present or City Address _____ Telephone: _____

Parents: Father: _____ Living: Yes _____ No: _____

 Mother: _____ Living: Yes _____ No: _____

Number of Non –working Children in the Family: _____

Number of Working Persons: _____

Give Approximate Family Income: _____

Estimate of School Expenses Per Semester

Estimate of Source of Funds

Total Expenses: _____

Total Income: _____

In Your Opinion, What are Your Needs? _____

Failure to answer all questions and to provide all information will cause a delay in processing this application.

Please attach last official academic transcript of marks (post-secondary institution or Grade XII).

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 or Guardian

Anglican Charitable Foundation For Children

Application For Bursary

Name and Address of Applicant : _____

To Parish Priest or Proponent

A brief background report about the applicant would assist the Board in assessing the application.

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

Date

Parish Priest or Proponent

Approved by Board of Trustees \$ _____

Chairperson: _____ Date: _____