

Anglican Charitable Foundation for Children
Funding Guidelines

A. For Assistance, unless special circumstances

<u>AGE</u>	<u>AMOUNTS</u>
Preschool	\$ 110.00
5 - 8	\$ 135.00
9 - 12	\$ 165.00
13 - 15	\$ 190.00
16 - 18	\$ 215.00
19 +	Based on individual circumstances

B. Bursaries

Annual Family Salary Range: \$ 33,000.00

Bursary Amount: \$ 600.00

- (i) In order to qualify for a bursary, students must be taking at least four (4) subjects per semester. A letter from the educational institution, confirming the student's registration at the institution, must accompany the application form.
- (ii) Bursaries will be paid in two installments of 50% per semester- (\$300.00)
- (iii) At the end of each semester students will be required to send in their examination results before receiving their second bursary installment.
- (iv) Bursaries are not given for second degree programs (Divinity students excepted only at the Bishop's request).
- (v) Bursaries are not given for second career individuals (Divinity students excepted only at the Bishop's request).

C. Fire or any other Emergency

Up to \$800.00

D. Reimbursement to Clergy for Emergency Assistance

Up to \$100.00

E. Special Circumstances

At the discretion of each Trustee Committee. (As a guide for children with special developmental needs, an amount of \$300.00 may be used).

**ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN
 BOARD OF TRUSTEES
 DIOCESE OF WESTERN NEWFOUNDLAND
 25 MAIN STREET
 CORNER BROOK, NL
 A2H 1C2**

APPLICATION FOR ASSISTANCE
 (To be completed by Parish Priest)

1. Family Name _____ Telephone _____

2. Address _____

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

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

5. Denomination _____ Parish _____

6. If non-Anglican, was other clergy contacted Yes ___ No ___

7. Applicant(s) living with _____ Relationship _____

8. Applicants:

	<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____

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

10. Specify total amount of income from all sources:

<u>Social Assistance</u>	\$ _____
<u>Employment Insurance</u>	\$ _____
<u>Child Tax</u>	\$ _____
<u>Employment</u>	\$ _____
<u>Other (Specify)</u>	\$ _____

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. Priest _____ Parish _____ Date _____

**
 Approved for \$ _____ Chairperson _____
 Date _____ Treasurer _____

