

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 _____

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Approved for \$ _____	Chairperson _____
Date _____	Treasurer _____