

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

APPLICATION FOR BURSARY
(This side to be completed by the Applicant)

1. Name of Applicant _____
2. Full Home Address _____ Telephone _____
3. Current Address _____ Telephone _____
4. Date of Birth _____ 5. Marital Status _____
6. Denomination _____ 7. Prior Degree(s) _____
8. Institution _____ 9. Date Entered _____
10. Programme of study _____ 11. Courses Registered this Semester _____
12. Parents' Names Father _____ Living: Yes ___ No ___
 Mother _____ Living: Yes ___ No ___
13. Number of non-working children in the family _____ 14. Number of working persons _____
15. Approximate Total Family 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 last 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

(Please continue on back)