

**ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN**  
**BOARD OF TRUSTEES**  
**DIOCESE OF WESTERN NEWFOUNDLAND**  
25 Main Street  
Corner Brook, NL  
A2H 1C2

**APPLICATION FOR BURSARY**  
(To be completed by Applicant) (Revised April 2016)

1. Full Name of Applicant \_\_\_\_\_

2. Home Address \_\_\_\_\_ 3. Telephone \_\_\_\_\_

4. Current Residence \_\_\_\_\_ 5. Telephone \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ 7. Marital Status \_\_\_\_\_

8. Parish Affiliation \_\_\_\_\_ 9. Prior Degree(s) \_\_\_\_\_

10. Institution \_\_\_\_\_ 11. Date Entered \_\_\_\_\_

12. Programme of Study \_\_\_\_\_ 13. Courses Registered this Semester \_\_\_\_\_

14. Parents Names

Father \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_  
Mother \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_

15. Number of non-working children in the family \_\_\_\_\_ 16. Number of working persons \_\_\_\_\_

17. Approximate Total Family Income from all Sources. \$ \_\_\_\_\_

18. Estimate of Expenses per Semester:

Tuition \$ \_\_\_\_\_  
Books \$ \_\_\_\_\_  
Rent/Board \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Expenses \$ \_\_\_\_\_

19. Estimate of Income per Semester:

Student Loan \$ \_\_\_\_\_  
Student Bursary \$ \_\_\_\_\_  
Scholarships \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
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 your most recent official transcript of marks (Level III 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

