

**ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN**

**BOARD OF TRUSTEES**  
**DIOCESE OF Western Newfoundland**  
**25 Main Street**  
**Corner Brook, Newfoundland and Labrador**  
**A2H 1C2**

**APPLICATION FOR ASSISTANCE 2023**  
(To be completed by Parish Priest or designate)

1. Family Name \_\_\_\_\_ 2. Telephone \_\_\_\_\_

3. Address \_\_\_\_\_

4. Parent \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

5. Parent \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

6. Denomination \_\_\_\_\_ 7. If non-Anglican, what is the affiliation with the Anglican Church. \_\_\_\_\_  
(i.e. Sunday School, Church Youth Group, C.L.B.)

8. Applicants:

	Name of child	Age	School	Grade
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____

9. Applicant(s) living with \_\_\_\_\_ Name(s) 10. Relationship \_\_\_\_\_

11. Specify purpose of assistance \_\_\_\_\_ 12. Amount \$ \_\_\_\_\_

13. Specify total amount of income from all sources:

Social Assistance..... \$ \_\_\_\_\_  
 Employment Insurance..... \$ \_\_\_\_\_  
 Employment..... \$ \_\_\_\_\_  
 Other (Specify)..... \$ \_\_\_\_\_

14. On the reverse please provide additional comments which would assist the Board to assess this Application  
(i.e.: health of child(ren), family situation, etc..).

15. Parish Priest or designate \_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_

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*Board of Trustee use only*

Approved for \$ \_\_\_\_\_ Chairperson \_\_\_\_\_

Date \_\_\_\_\_ Treasurer \_\_\_\_\_