

ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN

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

APPLICATION FOR BURSARY 2023
(To be completed by Applicant)

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. Program of study _____ 13. Courses Registered this Semester _____
14. Parents Names
Parent _____ Living: Yes _____ No _____
Parent _____ Living: Yes _____ No _____
15. Number of non-working children in the family _____ 16. Number of working persons _____
17. Approximate Total 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 most recent 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 if applicant under age 19

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(To be completed by Parish Priest or designate)

1. Name of Applicant _____

2. Address of Applicant _____

3. Additional comments and background which would assist the Board to assess this Application.

4. I have examined this completed application for bursary and recommend it.

Parish Priest or designate _____ Parish _____ Date _____

Board of Trustee use only

Approved for \$ _____

Chairperson _____

Date _____

Treasurer _____