

**DIOCESE OF CENTRAL NEWFOUNDLAND**  
**ANGLICAN CHARITABLE FOUNDATION FOR CHILDREN**  
**BOARD OF TRUSTEES**  
3 Torrville Place  
Clarenville, NL A5A 1N7

**ACFC Guidelines**

Greetings,

Please note that applications may be submitted by Canada Post or email to [stmarysparish@nf.aibn.com](mailto:stmarysparish@nf.aibn.com). Note that the amounts listed for assistance are maximum amounts. We can only provide assistance within the categories listed in the memo to those who have an Anglican affiliation (i.e. a member of church Youth Groups, Sunday School, C.L.B. etc.). A brief note giving some background is always a great help to the Trustees. Please **complete all** questions, if there is information not completed the application will be put on hold. **Information gathered is considered confidential.**

**Applications should be completed by the parish priest or designate and not by the applicant. Please note the form we use is a Tri-Diocesan form and we ask you use it without modifications.**

Parishes may claim HST provided they obtain and keep the original store receipt from the recipient.

With the exception of Memo item 'E', we cannot guarantee a Parish will be reimbursed any expenditures. **Do not assume** because your parish provided assistance that ACFC will refund that amount. We keep accurate records. In some instances, individuals apply through more than one parish. Cheques are sent to the Parish and we ask **information be kept confidential**. There must be an affiliation. If none is provided the application will not be processed.

Note the Bursary application may be printed back to back.

Please include the institution confirmation of:

1. Previous semester marks,
2. Current proof of Registration and
3. Current course load showing full-time status.

You or your Parish Treasurer are asked to please **sign and return the acknowledgement form that is enclosed with your cheque** indicating the funds were distributed for the specified request. This is a request of our auditors. If we do not receive the acknowledgement form further grants may be withheld.

If you have any concerns or questions or how to complete the application please do not hesitate to contact your Parish Rector or Diocesan Synod Office.

Yours in Christ,

Ven. Terry Caines  
Executive Archdeacon  
Diocese of Central NL  
[archdeaconcnl@gmail.com](mailto:archdeaconcnl@gmail.com)

(709) 256 2372

(Revised May 2023)

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**2023 ACFC Maximum Funding Guidelines**

- A. **Clothing and Footwear Assistance** (once per twelve-month period):
- |               |       |
|---------------|-------|
| Preschool - 8 | \$200 |
| Ages 9 - 15   | \$250 |
| Ages 16 - 19  | \$300 |
- B. **Bursaries:**
1. Bursaries will be in the amount of \$500.00 per semester.
  2. Bursaries will be given to full-time students only.
  3. Applicants must be no older than 25 years of age and must be completing their first degree.
  4. Bursaries will not be given for second-degree programs and to second career persons.
  5. **Applicants will be required to include confirmation of current course registration, a copy of marks for the last completed semester and proof of full-time status.**
  6. No more than two bursaries will be granted in any twelve-month period.
  7. It will be necessary to complete separate applications for each Bursary, with the appropriate documentation as indicated in (5) above.
  8. In determining a "family income," income from an applicant's parents or guardians will NOT be considered where the applicant is:
    - 1) not living with a parent or guardian and
      - i) has been in the labour force for two years, or
      - ii) has been out of high school for four years
    - (2) married and supporting a spouse and/or child(ren)
    - (3) not married but supporting a child(ren)
    - (4) living in a common-law relationship and supporting a spouse and/or child(ren)
- C. **Medical:**  
For a child requiring hospitalization or transportation to receive treatment, an amount of up to \$1,000.00 annually per child.
- D. **Fire or any other Emergency:**  
For a family with a child(ren), up to \$1,000.00 annually.
- E. **Reimbursement to a parish for Emergency Assistance:**  
Up to \$100.00 per family annually. (This reimbursement is available only for assistance provided to families where a child(ren) are involved).
- F. **Special Circumstances:**  
A discretionary allowance of up to \$1,000.00 annually for Anglican children who have special needs as demonstrated to the Board of Trustees.
- G. **Church Camps:**  
Payment of registration fee as set by the camp and will include a 'tee-shirt' where available.
- H. **Income:** To qualify for assistance, the gross family income shall be less than \$50,000 or at the discretion of the Board of Trustees. Please note HST and CTB are no longer considered income.

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**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 \_\_\_\_\_

(Revised May 2023)

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**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? \_\_\_\_\_

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**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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**APPLICATION FOR BURSARY**  
(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.

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

Parish Priest or designate \_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_

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Board of Trustee use only

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

Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Treasurer \_\_\_\_\_

(Revised May 2023)