ANGLICAN CHURCH WOMEN OF CANADA

APPLICATION FOR FINANCIAL ASSISTANCE

Name: _____

Position: _____ **Diocese:** _____

Contact Information:

Address: _____

_____

Phone #: _____

Email: _____

Note: Information collected is for the express use of the Executive Officers in making their decision on the request and not for public distribution.

Amount of Assistance being Requested: **$** _____

Application: - By Individual* (yes) ____(no) ____.

- **By Diocese** (yes) ____(no) ____**

Reason for Request: Please provide **full** explanation as to why funding is being requested. (i.e. for travel assistance, special project, training, etc.) *attach page if necessary.*

_____

_____

_____

_____

* Please provide a letter of support from your Bishop OR Rector

** Copy of Financial Statement - If financial statement is provided but funds shown are not available for the purpose, please provide specific reasons for the need of additional funding along with, if possible, a letter from the Diocesan Bishop.

DATED _____ SIGNED _____