

Grant Application Form

Section 1 - Identity of Applicant

1.1	Name of Applicant
1.2	Street Address
1.3	City, Province, Postal Code
1.4	Applicant's Phone Number
1.5	Applicant's Website
1.6	Charitable Business Number
1.7	Diocese
1.8	Contact Person
1.9	Contact Person's Email Address
1.10	Contact Person's Phone Number

Section 2 – Ministry Context

- 2.1 Briefly describe the financial need and barriers of the individual who is attending an accredited college, university or seminary and pursuing studies in Family and Children Ministry on behalf of the parish. Submit this on a separate page.
- 2.2 If you are applying as a parish:



Section 3 - Description of Need

- 3.1 Individual Name _____
- 3.2 The Anglican Diocese of Toronto Foundation provides assistance to Family and Children Ministry in the form of a bursary at the discretion of its Board of Directors to projects that align with its mission statement **"to support ministries of the Toronto Anglican Diocese"**

Grants are to be exclusively awarded to individuals on behalf of parishes within the Anglican Diocese of Toronto.

Description of the need. Submit this on a separate page.

- What are you studying, and why?
- Describe the expected outcomes and impact.
- Provide the start, execution, and completion dates.
- Include other relevant experiences that will help the committee assess your project.

Section 4 – Budget and Financial Information

4.1 Grant:

- ADTF funding will be to a maximum of \$1,000 each year to a parish for their designated individual.
- 4.2 Amount of grant requested _____
- 4.3 Provide a budget. Submit this on a separate page.
 - Show a list of all expenses, indicating the portion that ADTF funding would cover.

Section 5 – Letters of Support

- 5.1 Provide 2 letters of support, listed below according to the type of applicant.
 - Parishes, Deaneries, Dioceses, and Organizations under the auspices of the Diocese
 Letter from the parish, indicating the need for and benefits of the project.



Section 6 – Authorization

6.1 Have two signing officers and the head of your organization sign below.

We certify that the appropriate authority has approved the submission of this application.

Signature	Signature	Signature
Print Name	Print Name	Print Name
Title	Title	Title
Date	Date	Date