

**THE ANGLICAN FOUNDATION OF CANADA  
THE LEWIS S. GARNSWORTHY MEMORIAL TRUST**

80 Hayden Street, Toronto, ON M4Y 3G2

Phone: 416-924-9199, exts. 253 or 322 Fax: 416-924-8672

foundation@anglicanfoundation.org

**PREACHING OR PASTORAL CARE WORKSHOP APPLICATION FORM**

**CRITERIA**

- A. The trust will cover up to a maximum of 50% of the total cost. This percentage is not guaranteed and depends on funds available and the number of applications received.
- B. Applicants will be allowed a maximum of three (3) applications only with at least a one-year interval between each application.
- C. Each successful candidate is expected to report back in writing about his or her studies.
- D. Support is required from the appropriate area bishop. A space for the bishop's comments and signature is found at the bottom of page 2 of this form.
- E. The advisory committee of the Garnsworthy Trust meets in May each year. Applications must be submitted to the office of the Anglican Foundation of Canada by April 1<sup>st</sup>.

**PROJECT**

1. Applicant's name, home/mailling address, telephone number and email:

Name: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. *(If different)* Key contact person's name, address, telephone number and email:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Basic Information about Proposed Workshop:

a. Leadership: \_\_\_\_\_

\_\_\_\_\_

b. Location: \_\_\_\_\_

\_\_\_\_\_

c. Dates: \_\_\_\_\_

\_\_\_\_\_

d. Workshop is open to: \_\_\_\_\_

\_\_\_\_\_

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4. Purposes of Workshop: (Please outline on a separate sheet)

5. Estimated Cost of the Workshop: \$\_\_\_\_\_

*(Attach a brief but comprehensive budget, including financial statement and project expenses)*

6. Amount requested from the Garnsworthy Trust: \$\_\_\_\_\_

7. Proposed sources for the balance of funds required:\_\_\_\_\_

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8. Project comments:\_\_\_\_\_

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9. Are you currently a member of the Anglican Foundation of Canada? Yes\_\_\_ No\_\_\_

**Signature:** \_\_\_\_\_  
(Applicant) (Date)

**Signature:** \_\_\_\_\_  
(Area Bishop) (Date)

**Bishop's Comments:** \_\_\_\_\_

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NOTE: One (1) copy must be submitted to the office of the Anglican Foundation of Canada.

MAIL TO: The Lewis S. Garnsworthy Memorial Trust Fund  
The Anglican Foundation of Canada  
80 Hayden Street  
Toronto, ON M4Y 3G2