

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

80 Hayden Street
Toronto, ON M4Y 3G2
Phone: 416-924-9192 Fax: 416-924-8672

**APPLICATION FORM FOR A GRANT
FOR A PREACHING OR PASTORAL CARE WORKSHOP**

CRITERIA

- A. The trust will cover up to a maximum of 50% of the total cost, but 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 their study and what the Trust has meant to them.

1. Applicant's Name, Address, Phone Number and Fax Number:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

2. Key Contact Person's Name, Address, Phone Number and Fax Number:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

3. Basic Information about Proposed Workshop:

a. Leadership: _____

b. Location: _____

c. Dates: _____

d. Workshop is open to: _____

(please turn over)

4. Purposes of Workshop: (Please put on a separate sheet.)
5. Estimated Cost of the Workshop: _____
(Attach a proposed budget)
6. Amount requested from the Garnsworthy Trust: _____
7. Proposed sources for the balance of funds required:

8. Signature of area Bishop: _____
9. Any Special Comments:

10. Are you currently a member of the Anglican Foundation of Canada? Yes ___ No ___

Signature: _____
(Applicant) (Date)

(If approved, the grant will be available six weeks prior to the course.)

NOTE: To be submitted in seven (7) copies.

MAIL TO: The Lewis S. Garnsworthy Memorial Trust Fund
c/o The Executive Director
The Anglican Foundation
80 Hayden Street
Toronto, ON M4Y 3G2