

## THE LEWIS S. GARNSWORTHY MEMORIAL TRUST BURSARY APPLICATION FORM

### CRITERIA

- The trust will cover up to a maximum of 50% of the total cost of a program of study.
- Applicants will be allowed a maximum of three (3) applications with a one-year interval between each application.
- Each successful candidate is invited to report back in writing about his or her studies.
- Support is required from the area bishop (see page 2).
- Application deadlines each year are April 1 and September 1.

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parish or Ministry Setting \_\_\_\_\_

Diocese \_\_\_\_\_

### PROGRAM OF STUDY

1. Course of Study (*Please enclose a course outline*)

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Dates \_\_\_\_\_

2. On a separate sheet, please outline your reasons for choosing the course and your expectations from it.

3. Costs (*Please provide supporting documentation*)

Course Fee \_\_\_\_\_  
Transportation \_\_\_\_\_  
Room & Board \_\_\_\_\_  
Books & Materials \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
Total \_\_\_\_\_

4. Grant amount requested from the Garnsworthy Trust \_\_\_\_\_

5. Proposed sources for the balance of funds required \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ENDORSEMENT

Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Bishop \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Bishop's Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_