

ANGLICAN CHURCH OF SOUTHERN AFRICA
Applications for financial assistance to the Robert Selby Taylor Will Trust

IMPORTANT NOTE TO APPLICANTS & BISHOPS:

1. Robert Selby Taylor Will Trust Fund Applications must be completed in full before submitting for endorsement by the Bishop of your diocese.
NB!
Bishops, please ensure **application information** and all supporting documents comply with the checklist before endorsing the application to enable full consideration by the Trustees.
2. Bishops, please ensure application forms reach the **Archbishop's office** promptly by 31st August. **Do not send to another office.** Applicants may post endorsed forms to: 20 Bishopscourt Drive, Bishopscourt, Claremont 7708, or email: archreception@anglicanchurchsa.org.za
Bishops please don't just write 'endorse'. Your concise report on each candidate is invaluable.
3. Applications for Categories A (Pension Augmentation), C (Sickness) and D (Special Need) may be submitted throughout the year. However, only requests for financial assistance under **Category B** (Education) is **considered at this time:**

Submissions before 31 August

4. It is essential applications are received in time, so that due considerations are applied to all. Late applications, however deserving, forfeit full consideration by the Trustees.
5. Applicants please ensure your form is complete and double check it. This may include but not limited to school results, payslips, and proof of banking details, certified copy of **I.D.** etc.
6. The Robert Selby Taylor Trust provides funding by way of grant. It is not a loan. Applications are for Education assistance.
The following are not considered:
 - Grants for clergy studies
 - Pre-school education
 - Grants for primary education is limited
7. Deserving applicants may succeed in receiving support for more than one year. Funding is strictly for clergy children only (it does not include extended family). Poor results may lose financial support.
8. Eligible applicants for Tertiary Education should prove/indicate applications were made to e.g. the **National Students Financial Aid Scheme (NSFAS - www.nsfas.org.za)**. **The NSFAS provide loans to South African citizens**

2018/19

only, at subsidized rates up to 40% may become a bursary, depending on results.

9. Your diocese may also be a source of funding. The Robert Selby Taylor Will Trust Fund should be regarded 'last resort' rather than first port of call for funding.

The Robert Selby Taylor Trust has assisted many deserving applicants over the years and we are grateful for the generosity of the late Archbishop in making this possible.

• **QUESTIONS 1 TO 5 TO BE COMPLETED BY ALL APPLICANTS**

1. CONTACT DETAILS

- a) Name of Applicant
- b) Address:
.....
- c) Telephone Numbers:
- d) Fax No:
- e) Email Address:
- f) Age:
- g) Single, Married, Divorced, Widow or Widower:
- h) Year of retirement on pension (if applicable):
- i) What is the gross amount of your monthly income from whatever source including investments but excluding house and/or transport allowances this year?
PLEASE ATTACH A COPY OF A RECENT PAY/INCOME SLIP
.....
- j) What is the gross amount of your spouse’s monthly income, and other income including investments this year?
.....
- k) Do you or your spouse own property or other assets in excess of R250 000 in value? ...
.....

IF “YES”, PLEASE GIVE FULL DETAILS AS AN ANNEXURE TO THIS APPLICATION

- 2. What is your TOTAL Household Income including any support from children?
.....
- 3. What is the amount of assistance being asked for in this application?

PLEASE STATE SPECIFIC AMOUNT REQUESTED:
(Please write numbers and corresponding text)

- 4. How many Children/dependents rely on you for support?

• **QUESTION 5 FOR COMPLETION FOR CATEGORY B: EDUCATION APPLICATIONS**

5. EDUCATION:

a) What will be the total cost of having your children at school or tertiary institutions next year without any assistance?

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b) How much of this will you and your spouse, or other members of your family, be able to provide?

.....

c) How much of this will your Diocese provide?

.....

d) (i) What other steps (if any) have been taken to fund these costs (e.g. part-time work, loans, bursaries etc)? If already in receipt of a bursary please give details.

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**PLEASE COMPLETE FORM ON PAGE 4
IN RESPECT OF CHILDREN FOR WHOM YOU ARE APPLYING**

(Page 4 is a separate document which can be downloaded separately)

**PLEASE NOTE THAT FUNDING FOR
PREPARATORY & PRE-SCHOOL EDUCATION CANNOT BE CONSIDERED**

• **QUESTION 6 TO BE COMPLETED FOR CATEGORY C: SICKNESS APPLICATIONS**

6. SICKNESS

a) Name of sick person and, if not Applicant, relationship to Applicant.

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b) How long has the person been sick (state in weeks, months or years)?

.....

c) What is the nature of the sickness?

.....

d) PLEASE SUPPLY A MEDICAL CERTIFICATE IN SUPPORT OF YOUR ANSWERS TO 6(b) AND 6(c)

e) Please indicate whether you or your spouse receive assistance in meeting medical costs and, if so, provide the name of the Fund, your membership number and the amount already received in respect of the costs incurred through this particular sickness.

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• **QUESTION 8 TO BE COMPLETED FOR CATEGORIES A & D - PENSION AUGMENTATION OR SPECIAL NEED APPLICATIONS**

7. PENSION AUGMENTATION OR SPECIAL NEED

Please give full details for which you are making application, including the amount of assistance or pension augmentation requested.

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• **QUESTIONS 8 AND 9 TO BE COMPLETED BY ALL APPLICANTS**

8. State any other circumstances, if any, which would enable your application to be considered fully.

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9. **BANKING DETAILS**

In the event of your application being successful, kindly supply your banking details in order that your grant may be paid to you as speedily and securely as possible, in the form of a direct deposit into your account.

Financial Intelligence Centre Act – FICA compliant

Please supply Proof of Account by providing the following information:

Name of Account Holder:

Clear, certified copy of I.D. or Passport of account holder

A cancelled cheque

Or a recent letter from the bank confirming account details(within last 3 months).

Name of Bank:

Branch Name:

Branch Code:

Account No:

Account Type:

DECLARATION (to be completed by all Applicants)

I declare that the statements made by me in this application are true in all respects.

.....
Signature of Applicant

.....
Date

MANDATORY REPORT BY BISHOP

Please give as much detail as possible about the applicant to enable a fair assessment to be made.

Please also complete the attached Checklist to ensure that all required information/documentation is included, to assist the funding committee when considering the application.

This entire form (including the first page indicating the category of application) should be sent to the Archbishop's Office at Bishopscourt, Cape Town, when signed and completed.

Diocese of

Bishop's Signature

Date

CHECKLIST

PAGE NO	REQUIREMENT (where applicable)	Please mark with X when completed
1		
All Applicants	Name of Applicant	
	Name of Diocese	
	Category applied for	
2		
All Applicants	Applicant's Name & Contact Details	
	Earnings – Applicant/Spouse (with supporting payslip etc)	
	Pension Details	
	Property/Assets Owned (with details attached)	
	Total Household Income (with supporting documents/payslips)	
	Amount of Assistance applied for	
All Applicants	No. of Children/Dependents (with names & ages attached)	
3		
All Applicants	Total Annual Education Costs, without assistance	
	Contribution from Family	
	Contribution from Diocese	
	Other Steps Taken to Fund Costs	
4		
Education Only	Children Applied For (names, age, name of educational institution, course year & subject, total fees & other related costs)	
	Each Child's Most Recent Exam Results	
5		
Sickness Only	Name of Sick Person & Relationship To Applicant (if not Applicant)	
	Nature and length of Sickness (with Medical Certificate attached)	
	Medical Aid details	
Pension/Special Need Only	Special Need/Pension details	
Page 6		
All Applicants	Additional Information in Support of Application (all categories)	
All Applicants	Banking Details (in full) & Proof of account details	
All Applicants	Declaration – Signed & Dated by Applicant	
7		
All Applicants	Bishop's Report (please give as much detail as possible)	
	Bishop's Signature & Date	