

**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 31<sup>st</sup> August. **Do not send to another office.** Applicants may post endorsed forms to: Attention: Reception, 20 Bishops Court Drive Bishops Court, Claremont 7708, or email: [archreception@anglicanchurchsa.org.za](mailto:archreception@anglicanchurchsa.org.za)  
Bishops please provide a detailed endorsement. 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, this is the only time requests for financial assistance under **Category B** (Education) is considered:

**Submissions before 31 August**

4. It is essential applications are received in time, so that due consideration is 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 detail, **clear 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
  - Non-stipendiary clergy
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](http://www.nsfas.org.za))**. **NSFAS provide** loans to South African citizens only, at subsidised rates up to 40% and 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 Will Trust has assisted many deserving applicants over the years and we are grateful for the generosity of the late Archbishop in making this possible.

**APPLICATION FOR FINANCIAL ASSISTANCE FROM THE ROBERT SELBY TAYLOR WILL TRUST FOR 2020/21**

**NAME OF APPLICANT:** .....

**DIOCESE:** .....

**CATEGORY:** (Please mark with an X which is applicable)

**A. PENSION AUGMENTATION:**  
Answer questions 1 to 5, 8 & 9 .....

**B. EDUCATION:**  
Answer questions 1 to 5, 8 & 9 .....

**C. SICKNESS:**  
Answer questions 1 to 4, 6, 8 & 9 .....

**D. SPECIAL NEED:**  
Answer questions 1 to 4 and 7 to 9 .....

**OBJECTIVES:**

- To supplement the pensions of Clergy of the Anglican Church of Southern Africa (ACSA), who, on retirement, were serving within the borders of ACSA.
- To supplement the stipends of Clergy of ACSA for assisting in the education or maintenance of their children, or to provide funds to pay the cost of sickness, or other special expenses, or to make advances for any other personal use.

• **Questions 1 to 5 to be completed by all applicants**

1. CONTACT DETAILS

a) Name of Applicant: .....

b) Address: .....  
.....  
.....

c) Telephone Numbers: .....

d) Email address: .....

e) Age: .....

f) Single, Married, Divorced, Widow, Widower .....

g) Year of retirement on pension (if applicable) .....

h) 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 OR INCOME SLIP.

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i) What is the gross amount of you or spouse’s monthly income, and other incomes including investments this year?

.....

j) Do you or your spouse own property or other assets in excess of R250 000 in value?

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

2. What is your TOTAL Household Income including any support from children

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3. What is the amount of assistance being asked for in this application?.....

**PLEASE STATE SPECIFIC AMOUNT REQUESTED**

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

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 QUESTION 5 ON FORM PROVIDED  
IN RESPECT OF CHILDREN FOR WHOM YOU ARE APPLYING**

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

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

**SICKNESS**

a) Name of sick person if not applicant, and relation to applicant.

.....

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

.....

c) What is the nature of the sickness?

.....

d) Please submit medical certificate in support of your answers to question 6 sections b & c

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

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**6. PENSION AUGMENTATION OR SPECIAL NEED**

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

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**Question 8 to be completed for categories: A: Pension Augmentation & D: Special Need**

7. State any other circumstances if, which would encourage your application to be considered fully

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

**8. BANKING DETAILS**

In the event of your application being successful, kindly submit proof of banking details so that your grant if approved, may be paid directly and securely as possible into the correct account.

**Financial intelligence centre act - FICA compliant**

**Please submit 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

Name of Bank:.....

Branch Code:.....

Branch Name:.....

Account No.:.....

Account Type:.....

OR

A recent letter from the bank with bank stamp confirming:

- 1. Account details(within 3 months) and
- 2. Residential address

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 us much detail as possible about the applicant to encourage a fair assessment.

**Please 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 Bishops court, Cape Town, when signed and completed.

**Diocese of:.....**

**Vicar Gen. / Bishop’s Signature.....**

**Date:.....**

CHECKLIST

<b>Page No</b>	<b>Requirement (where applicable)</b>	<b>Please mark with X when completed</b>
<b>1</b> <b>All applicants</b>	Name of applicant	
	Name of Diocese	
	Category applied for	
<b>2</b> <b>All applicants</b>	Applicants name & Contact Details	
	Earnings - Applicant/spouse Supported by payslip etc	
	Pension Details	
	Property/Assets owned (details attached)	
	Total Household Income with (supporting documents)	
	Amount of assistance applied for	
<b>All Applicants</b>	No. of Children/Dependents (with names & ages attached)	
<b>3</b> <b>All Applicants</b>	Total annual Education Costs, without assistance	
	Contribution from Family	
	Contribution from Diocese	
	Other steps taken to Fund costs	
<b>4</b> <b>Education Only</b>	Children applied for (names, age, name of educational institution, course year & subject, total fees & other related costs)	
	Each child's most recent Exam results	
<b>5</b> <b>Sickness Only</b>	Name of Sick Person & relationship to applicant(if not applicant)	
	Nature and length of Sickness (with medical certificate attached)	
	Medical Aid details	
<b>Pension/Special Need Only</b>	Special Need/Pension details	
<b>Page 6</b> <b>All applicants</b>	Additional information in support of application (all categories)	
<b>All Applicants</b>	Banking details (in full) & Proof of account details	
<b>All Applicants</b>	Declaration - Signed & Dated by Applicant	
<b>7</b> <b>All Applicants</b>	Bishop's Report (please give as much detail as possible)	
	Bishop's Signature & Date	