

**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 or Vicar General.

**NB!**

**Bishops, please ensure:**

- A. Application **information and all supporting documents comply with the checklist** before endorsing the application.
  - B. Concise report on each candidate is invaluable and appreciated. The word ‘endorse’ does not suffice to encourage full consideration by the Trustees
  - C. **Application forms reach the Archbishop’s office promptly by 31<sup>st</sup> August** to:  
[archreception@anglicanchurchsa.org.za](mailto:archreception@anglicanchurchsa.org.za)
  - D. **Use current year application forms only**
2. 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**

3. It is essential applications are received timeously so that due considerations are applied to all. Late applications, however deserving may forfeit full consideration by the Trustees.
4. Applicants please double check your form to ensure it is complete. This may include but not limited to school results, payslips, and proof of banking details, certified clear copy of **I.D.** etc.
5. The RST Will Trust provides funding by way of grant. It is not a loan. ##  
 The following are **not** considered for Education assistance:
  - Grants for clergy studies
  - Non-stipendiary clergy
  - Pre-school education
  - Grants for primary education is limited
6. Deserving applicants may succeed in receiving support for more than one year. Funding is strictly for clergy children only and does not include extended family members. Poor results may lose financial support.
7. 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))**. **The NSFAS provide loans to South African citizens only, at subsidized rates up to 40% may become a bursary, depending on results.**
8. 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. 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 FUND for 2022/23**

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

**DIOCESE:** .....

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

- A. **PENSION AUGMENTATION:**  
Answer questions 1 to 4 and 7,8, & 9                   ... ..
- B. **EDUCATION:**  
Answer questions 1 to 4 and 5, 8 & 9                   ... ..
- C. **SICKNESS:**  
Answer questions 1 to 4 and 6, 8 & 9                   ... ..
- D. **SPECIAL NEED:**  
Answer questions 1 to 4 and 7, 8, & 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 contribute to the cost of sickness, or other special expenses, or to make advances for any other personal use.

• **QUESTIONS 1 TO 4 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

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j) What is the gross amount of your spouse’s monthly income, and other income including investments this year?

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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**

**PLEASE NOTE THAT FUNDING FOR  
PREPARATORY & PRE-SCHOOL EDUCATION NOT 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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**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 Bishops court, Cape Town, when signed and completed.

Diocese of ... ..

Bishop's Signature ... ..

Date ... ..

## CHECKLIST

<b>PAGE NO</b>	<b>REQUIREMENT (where applicable)</b>	Please mark with <b>X</b> when completed
<b>1</b>		
<b>All Applicants</b>	Name of Applicant	
	Name of Diocese	
	Category applied for	
<b>2</b>		
<b>All Applicants</b>	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	
<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	