

**Rev. Dr. Phyllis Smyth 60th Anniversary Fund  
Supporting the Study of Clinical Pastoral and Spiritual Care  
Application**

**Part I: Applicant Information**

<b>Name:</b>			
	<i>First Name, Middle Name, Last Name</i>		
<b>Address:</b>			
	<i>Street</i>	<i>City</i>	<i>Province</i>
		<b>Tel.</b>	
	<i>Postal Code</i>	<i>Home</i>	<i>Mobile/Work</i>
<b>E-mail(s)</b>			
<p><b>Are you currently a member of CASC/ACSS?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Are you currently enrolled in a CASC/ACSS accredited course of CPE or PTE, or have you completed a course, in the current year (Jan 1 - Dec 31 2025)?</b></p> <p><input type="radio"/> Yes - currently enrolled <input type="radio"/> Yes - completed a unit this year <input type="radio"/> No – not currently enrolled and have not completed a unit</p> <p><b>Do you wish to wish to apply for bursary assistance based on financial need?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>Which of the following apply to your current financial situation (check all that apply)</b></p> <p><input type="radio"/> I have low household income  <input type="radio"/> I have student loans or education-related debt  <input type="radio"/> I support dependents (e.g. children, elders)  <input type="radio"/> I am underemployed or unemployed  <input type="radio"/> I have medical or disability-related expenses  <input type="radio"/> Other financial challenges (please outline)</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p><b>How much support do you require?</b></p> <p><input type="radio"/> I would not be able to participate in CASC/ACSS studies without financial support  <input type="radio"/> I can contribute part of the cost  <input type="radio"/> Some support would help, though I can manage most costs</p> <p><b>How much financial support would make a meaningful impact?</b></p>			



<b>Have you previously been awarded a Scholarship from this Fund?</b>		Yes ___	No ___
<b>Are you applying for any other scholarships or bursaries?</b>		Yes ___	No ___
<b>What other scholarships/bursaries have you received?</b>			
<b>Date:</b>		<b>Signature of Applicant:</b>	

## Part II: STUDY INFORMATION

<p><b>1. What is your purpose for seeking further education in the area of clinical pastoral and spiritual care? How do you expect your study to benefit yourself, your area of pastoral work, and the wider church?</b></p>		
<p><b>2. What particular focus in clinical pastoral and spiritual care engages you?</b></p>		
<p><b>3. Please outline your post-secondary educational background indicating what schools you have attended/are attending, dates of attendance, and degrees or certificates obtained.</b></p>		
<i>Institution</i>	<i>Date Attended</i>	<i>Degree/Certificate</i>
<p><b>4. Please state briefly any other information pertinent to your application, particularly how this scholarship will serve you in spiritual and pastoral care ministry. <i>*Repeat applicants MUST include an update.</i></b></p>		



<b>5. Please indicate how you heard of this Scholarship.</b>

6. What is amount of your request? \_\_\_\_\_

7. Please attach the following documentation:

- Confirmation of enrolment
- a letter from the Principal or faculty member of that school endorsing your application, or from someone who is familiar with you and your current work
- a reference letter written by someone familiar with your current work, describing how that work contributes to your ongoing pastoral and spiritual care leadership.

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*Submit your application by email to [scholarships@united-church.ca](mailto:scholarships@united-church.ca) or mail to  
ATTN: The United Church of Canada Foundation, 3250 Bloor St. W., Suite 200, Toronto, ON M8X 2Y4*