



The Diocese of New Jersey

**808 West State Street
Trenton, NJ 08628-5326
(609) 394-5281 Fax (609) 394-9546**

THE TRUSTEES OF THE JANE O. P. TURNER FUND

This is a special fund, which is available for families who need financial assistance due to expenses, which have been incurred from their child or children who have incurable or terminal illnesses. The funds are available to all children not just Episcopalians. All requests to the Trustees are carefully considered and grants are subject to our approval.

Terms of the Fund according to the Will, as set forth in Judgment dated October 20, 1950, "provides that the Bishop is authorized, subject to the approval of the trustees, 'to use the income, which will arise from said fund for the purpose of providing medical and surgical care to children suffering from incurable diseases, as that term is defined by the decrees entered hereon March 7, 1940.' "

The Decree of March 7, 1940, provides: "ORDERED, ADJUDGED AND DECREED, that by the use of the words "incurable diseases", testatrix intended to and did include incurable deformities, whether congenital or resulting from accident or from some pathological cause..."

Please use the attached form to submit your request for aid under the provisions of this Fund. Requests are to be forwarded to the Jane O.P. Turner Fund, Diocese of New Jersey. For more information, please contact the Diocesan Finance Department, 609 394-5281, ext. 31.

The Rev. Canon Dr. Virginia M. Sheay, Chair
The Rev. Canon John C. Belmont
Robert Kales

THE JANE O.P. TURNER FUND

Grant Request Form

DATE: _____

Name of
Minor Child/Dependent

Last Name, First Name Middle Initial Age

Illness (describe)

Name of Parent/Guardian

Last Name First Name

Address

Expenses incurred for this child/dependent: For example: Medications, Doctors, Therapy, Special Care, Travel, etc.

Concept

Amount

\$ _____

Total

\$ _____

Amount Requested: \$ _____

Family's Annual Income:

\$ _____

Grant check may be issued to the order of:

and mailed to:

Submitted from:

Church Name and Location

By

Rector or Vicar

Date: _____

Return this request to:

Jane O.P. Turner Fund
Episcopal Diocese of New Jersey
808 West State Street
Trenton, NJ 08618-5326

Do not write below this line. For committee use only.

To: Trustees of the Jane O. P. Turner

Re: Request for a Grant

Date: _____

Enclosed herewith is a request for financial assistance to be considered under the terms of the Jane O. P. Turner Fund.

Please return your reply to:

Trustees of Jane O.P. Turner
Episcopal Diocese of New Jersey
808 West State Street
Trenton, NJ 08618-5326

Enclosure

I approve a grant in the amount of \$ _____ on behalf of _____

Approved:

The Rev. Canon Dr. Virginia M. Sheay, Chair

Robert Kales

The Rev. Canon John C. Belmont

Date