## Wayside House Application for Funding Support for Christian Science Nurses Training

Please complete this form by inserting information as applicable below.	
Applicant (Name)	
Address:	
Email:	Phone:
Are you class taught? Yes No_	
(Branch Church):	
1.What activity are you seeking fund	ls for?
2. Are you currently working as a C	hristian Science Nurse? Yes No
3. What is your goal?	
4. Are you planning to work as a Ch Yes No	ristian Science Nurse in Canada for at least two years?
5. Why do you want to come to Way	side House to train/mentor?
6. Where have you taken previous C	hristian Science Nurses Training?

7. If you are planning to take a Christian Science Nursing course, what level of training are you seeking funds for?

8. When do you plan to start this activity? \_\_\_\_\_

9. What expenses do you need covered? Please list below.

Details	Approx Cost(\$CAD)
	Details

10. Have you applied for (or are you receiving) funding from any other source for this activity? **Yes\_\_\_\_ No\_\_\_\_** 

\_\_\_\_\_

Explain:\_\_\_\_\_

**11. Do you have a trainer? P**lease provide the name and contact information of your trainer.

Name:	
Email: _	Phone:
U	received your COVID vaccinations? Yes <u>No</u> When? <u></u> ou willing to get vaccinated? Yes No