

# 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: \_\_\_\_\_

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Are you class taught? Yes \_\_\_\_\_ No \_\_\_\_\_

(Branch Church): \_\_\_\_\_

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1. What activity are you seeking funds for?

\_\_\_\_\_

2. Are you currently working as a Christian Science Nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

3. What is your goal?

\_\_\_\_\_

4. Are you planning to work as a Christian Science Nurse in Canada for at least two years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. Why do you want to come to Wayside House to train/mentor?

\_\_\_\_\_

6. Where have you taken previous Christian Science Nurses Training?

\_\_\_\_\_

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

