Wayside House Application for Funding Support for Mentors

| Please complete this form by inserting | information as applicable below. |
|---|--|
| Applicant (Name) | |
| Address: | |
| | Phone: |
| Branch Church: | |
| Where did you take Christian Science I | Nurses Training? |
| Are you a <i>Journal</i> -listed Christian Scie | ence Nurse? |
| Where are you currently working as a | Christian Science nurse? |
| | |
| 1. Who are you mentoring? | |
| 2. When do you plan to start this activi | ity? |
| 3. How long do you plan to mentor this | individual? |
| 4. Do you want to come to Wayside Ho | use to mentor or are you Mentoring in the field? |
| 5. If you wish to come to Wayside Hous | se, are you willing to get vaccinated? YesNo |

| 6. | What expenses | do you | need | covered? | Please | list | below. |
|----|---------------|--------|------|----------|--------|------|--------|
|----|---------------|--------|------|----------|--------|------|--------|

| Item | Details | Approx. Cost(\$CAD) |
|-------------|---------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Costs | | |

| • | Have you applied for (or are you receiving) funding from any other source for this activity? Yes No |
|---|--|
| | Explain: |