

**Application for Funding Support**

**Before completing this form, please review the Trust’s *Guidelines for Financial Subsidy.***

**Please complete this form by inserting information as applicable below. Please include all information you think would be useful to the trustees during their review of your application.**

Applicant(Name/Branch):

Address:

***Activity:***Lecture/Workshop \_\_\_CS Nursing \_\_\_Reading Room \_\_\_

Church Building \_\_\_Youth Activity \_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe activity or project objectives and time frame:**

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1. **How do you plan to evaluate the effectiveness of the activity or project?**

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**3.** **Estimated cost of each aspect of the activity or project:**

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| --- | --- | --- |
| Item | Details | Cost($CAD) |
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| Offsetting revenue/donations |  | $ |
| **Total Costs** |  | $ |

**4. Amount you are requesting** (usually up to 75% of total costs of

the activity or project).$ \_\_\_\_\_\_\_\_\_\_\_

**5. For branch activity or project, has the membership of your branch**

**voted in favour of this activityor project?** \_\_\_Yes \_\_\_No

**6. Have you applied for (or might you receive) funding from any**

**other source for this activity or project?** \_\_\_Yes \_\_\_No

**7. What in your general financial situation makes this assistance necessary? State income and expenses and the resulting deficit or surplus for your most recent fiscal year, and any additional information that you feel is pertinent.**

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**8. Please indicate how this activity or project aligns with the provisions of Church Manual.**

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**9. For CS Nurse training or education, please provide the name and contact information of a Christian Science *Journal*-listed practitioner or CS Nurse as a reference.**

Name: Phone:

Email: Relationship to applicant:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant/Contact**

Name: Date of application:

Email: Phone:

Return this application by e-mail or surface mail to:

**THE CHRISTIAN SCIENCE TRUST IN CANADA**

PO Box 234 7101C – 120th Street, Delta, B.C. V4E 2A9

E-mail: [*trustcan@gmail.com*](mailto:trustcan@gmail.com)