



5. For branch activity or project, has the membership of your branch voted in favour of this activity? \_\_\_\_\_
  
6. Have you applied for (or are you receiving) funding from any other source for this activity or project? \_\_\_\_\_
  
7. Please tell us what in your financial situation makes this assistance necessary, stating income from all sources vs. expenses and the resulting deficit or surplus for your most recent fiscal year, and any additional information that you feel is pertinent.
  
8. Please indicate how this activity or project aligns with the provisions of Church Manual.
  
9. For CS nursing training or education, please provide the name and contact information of a Christian Science *Journal*-listed practitioner or CS Nurse as a reference.

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship with the 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– 120<sup>th</sup> Street, Delta, B.C. V4E 2A9  
 E-mail: [trustcan@gmail.com](mailto:trustcan@gmail.com)