

**Heartbeat International Scholarship Application**  
**for Internationals Interested in Attending an Annual Conference**

Email completed form to: [ellen@HeartbeatInternational.org](mailto:ellen@HeartbeatInternational.org)  
Or mail to: Ministry Services – International Program, Heartbeat International,  
8405 Pulsar Place, Columbus, OH 43240 or FAX #: 614-885-8746

**2024 Heartbeat International Annual Conference**

**United for Life**

*(April 24-26, 2024)*

**\*\* DEADLINE for Application Is January 15, 2024 \*\***

**Applicant Contact Information:**

Applicant's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Whats App Number \_\_\_\_\_

Active E-mail: \_\_\_\_\_

**Organizational Information:**

Organization Name \_\_\_\_\_

Website: \_\_\_\_\_

Physical Address of Organization \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Is your organization a registered non-governmental organization?  Yes  No

Is the organization currently directly affiliated with Heartbeat International?  Yes  No If yes, since what year? \_\_\_\_\_

Is the organization affiliated with Heartbeat through a joint affiliation network partner?  Yes  No

If yes, which one? \_\_\_\_\_ (Please confirm your affiliation status with the network)

*Examples: Pregnancy Help Network , Centro de Ayuda para la Mujer (CAM), Pregnancy Care Canada (PCC), Association for Life of Africa (AFLA), Movimento per la Vita (MpV), Be'ad Chaim, Pregnancy Support Services of Asia, Pro Vida, etc.*

If so, have you or someone from your organization attended their conference or training?  Yes  No

If so, list date last attended \_\_\_\_\_

What services (alternatives to abortion) does your organization provide?

\_\_\_\_\_  
\_\_\_\_\_

Number of clients served in the past year: \_\_\_\_\_

Number of years applicant has served in this ministry \_\_\_\_\_

Description of population served (type of clients, nature of their needs): \_\_\_\_\_

\_\_\_\_\_  
Number of Active Volunteers \_\_\_\_\_ Number of Paid Staff: \_\_\_\_\_ Number of Board Members: \_\_\_\_\_

List the main resource, program, or manual that your organization uses for the following:

- Volunteer Training \_\_\_\_\_

- Post-Abortion Group/Workshop \_\_\_\_\_

Has your organization previously benefited from a Heartbeat scholarship?  Yes  No If so, explain who and when:

\_\_\_\_\_

Do you receive help from your government, local or national?  Yes  No

Do you receive help from a United States pregnancy help organization?  Yes  No

If yes, which one? \_\_\_\_\_

Are you connected to a particular denomination?  Yes  No If so, which one? \_\_\_\_\_

If accepted for a registration scholarship, applicant affirms and/or agrees to the following:

- Recipient is somewhat fluent in English. Heartbeat events are presented in English and translation is not available.
- Scholarship recipient is expected to attend Annual Conference workshops and keynote sessions.
- Recipient will provide evidence of flight itinerary in a timely manner.
- Recipient agrees to use of any photographs, videos, or interviews for Heartbeat's purposes and publications.

Applicant Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Ideally the Reference Signature is a President of the Joint Affiliation Network, Board Chair, or other organizational authority over/apart from applicant.*