

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

Email completed form to: ellen@HeartbeatInternational.org
Or mail to: Ministry Services – International Program, Heartbeat International,
5000 Arlington Centre Blvd., Ste 2277, Columbus, OH 43220 or **FAX #:** 614-885-8746

2021 Heartbeat International Virtual Annual Conference (April 28-30,2021)

**** DEADLINE for Application Is February 15, 2021 ****

Applicant Contact Information:

Applicant's Name: _____ Job Title: _____

Physical Address _____ City _____

State/Province _____ Country _____ Postal Code _____

Whats App Number _____ Fax: _____

Active E-mail: _____ Website: _____

Organizational Information:

Organization Name _____

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

Physical Address of Organization _____ City _____

State/Province _____ Postal Code _____ Country _____

Is the organization a current affiliate in good standing? Yes No

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

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

If yes, which one? _____

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 the 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.

Applicant Signature: _____ Name: _____ Date: _____

Reference Signature: _____ Name: _____ Date: _____

Ideally the Reference Signature is a Board Chairman, President, sponsoring agent or other organizational authority over/apart from applicant.