Heartbeat International Scholarship Application

for Internationals Interested in Attending an Annual Conference in Atlanta

Email completed form to: ellen@HeartbeatInternational.org

Or mail to: Ministry Services – International Program, Heartbeat International,
8405 Pulsar Place, Columbus, OH 43240 deleted FAX

2027 Heartbeat International Annual Conference

Anointed for Mission

(March 30-April 2)

***** DEADLINE for Application Is January 4, 2027 *****

Applicant Contact Information:

Applicant's Name: _____ Job Title: _____

Physical Address_____ City _____

State/Province_____ Country _____ Postal Code _____

Whats App Number_____

Active E-mail: _____

Number of years applicant has served in this ministry _____

Organizational Information:

Organization Name _____

Website: _____

Physical Address of Organization _____ City _____

State/Province _____ Postal Code _____Country _____

Client whats app number_____

Hotline/Helplinenumber _____

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, Beautiful Feet

Have you or someone from your organization attended the joint affiliation network conference or training? ❑ Yes ❑ No

If so, list date last attended _____

What services (alternatives to abortion) does your organization provide? (check all that apply)

__Support services

__Pregnancy Resources

__Pregnancy Medical Help

__Housing

__Adoption Services

__Post Abortion/Pregnancy Loss Counseling

Number of clients served in the past year: _____

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 and does not need a translator. Heartbeat events are presented in English and translation is not available.
- Scholarship recipient is expected to attend In Depth Day (IDD), Annual Conference workshops and keynote sessions. You must be present and participate in all sessions. You are expected to arrive in time for Tuesday IDD and check out Saturday morning unless you arrange a later check out date, at your own expense.
- 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. You or your spouse cannot serve as a reference.