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

** DEADLINE for Application Is January 30, 2020 **

** 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: Africa Cares for Life (ACFL), Centro de Ayuda para la Mujer (CAM), Canadian Association of Pregnancy Support Services (CAPSS), 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:
__________________________________________________________________________________________________

Will you be in the U.S. in 2020 at a separate time from our event? □ Yes □ No If so, where 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, will you require a letter for VISA purposes? □ Yes □ No

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.

• Scholarship recipient will arrange for his/her own accommodations and provide that information to Heartbeat.

• Scholarship recipient will arrange his/her own travel arrangements and provide that information to ellen@heartbeatinternational.org.

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.