

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.