The Center for Self Leadership
IFS Training Scholarship Policy and Application Form
For Training Programs Beginning on October 1, 2017 or Later

The Center for Self Leadership (CSL) is committed to making IFS trainings accessible and affordable to all qualified people. To that end, CSL has a long history of providing generous scholarships to IFS training participants in CSL-organized Level 1, 2, and 3 training programs based on individual economic need. CSL is also committed to expanding diversity and broadening inclusion within the IFS community and among participants in IFS trainings. CSL offers this new IFS Training Scholarship Policy as a holistic approach to expanding training affordability for those with economic challenges and additional support for traditionally underrepresented populations, including people of color, people from faith-based communities, the LGBTQ community, as well as full-time graduate and undergraduate students. In addition, this policy provides support for individuals whose work is in service to marginalized communities, faith-based communities, international relief, and ecological and planetary health.

IFS training scholarships are available as listed below, and CSL invites you to apply for scholarship support on the basis of financial need, student status, diversity and inclusion, or any combination of these categories:

- **Economic need scholarship**: CSL will continue to consider scholarships applications based on economic need of an individual applicant. This process considers the applicant’s personal financial profile.
- **Full-time student scholarship**: CSL may provide a tuition reduction for full-time graduate students and full-time undergraduate students.
- **Racial/LGBTQ scholarship**: CSL may provide a tuition reduction for people who are racially underrepresented or in the LGBTQ community.
- **World service scholarship**: CSL may provide a tuition reduction for people whose work serves minority and marginalized communities, poverty-stricken environments, faith-based communities, victim-support and advocacy, veterans, internationally marginalized communities, or environmental/global health services.

**Applicants may receive as much as a 60% tuition scholarship award.** While scholarships are available, CSL will continue to use economic need as its primary criterion for awarding financial support. As such, we ask that those members of our community who have the financial means forego the above opportunities so that we can provide as much financial support as possible to those in the greatest need.

These scholarships are available for IFS training programs organized by The Center for Self Leadership that take place in North America. They are not available for other trainings, or for other IFS events, including workshops, the IFS annual conference, IFS online webinar events, or any other non-training events. These scholarships are not available for those enrolled in The Center for Self Leadership’s Organizational Training Programs.
TO APPLY FOR SCHOLARSHIPS

1. Please make sure to read all scholarship information at the beginning of this document.

2. It’s best to submit your scholarship application along with your program application because we review scholarship applications shortly after someone is accepted into a training.

3. Scholarship applications cannot be accepted after a training has begun.

4. If you must submit your scholarship application after your program application (but before the training starts), it's best to submit the scholarship application at least 6 weeks before your training starts. Scholarship applications submitted closer to the start of the training can still be reviewed, but because it takes time to do this, it may not be possible to reply to you immediately or before your training begins.

BILLING AND SCHOLARSHIPS

Your program deposit will be charged when you are accepted into the training, and all scholarship awards are deducted from the tuition balance that remains after the program deposit is paid. If you withdraw from the training, your deposit will be refunded according to the withdrawal/refund policy listed on your training's program application. Of course, if you are not accepted into the training, no deposit will be charged.

SCHOLARSHIP NOTIFICATION AND ACCEPTANCE

We will email you as soon as possible about your scholarship award, and at that time we will ask you to accept or decline the scholarship.
SECTION 1: CONTACT INFORMATION

- All scholarship applicants must complete this section and Section 5 (signature page).
- Please type or print clearly and darkly so we can read your information.

Program City: ____________________________ Program 3-digit Code #: __________

Program Begins: ____________________________

Program Level (circle one): Level 1  Level 2  Level 3

Your Name: __________________________________________  Age: __________

Street Address: ______________________________________  City: __________  State: _____

Daytime Phone: ___________________________  Cell Phone: ______________________

Email: ___________________________________________________
SECTION 2: NEED-BASED SCHOLARSHIPS

- Complete all fields in this section and Section 5 (signature page) to apply for a need-based scholarship.
- Even if individual earners in your household handle finances separately for tax or other reasons, we need your household's financial information. Scholarship funds are limited, and by considering household resources, we can fairly allocate these funds and help as many people as possible participate in, and benefit from, IFS trainings.
- Attach copies of pages 1-2 of US 1040, or page 1 of US 1040EZ. If your household's earners file separate tax returns, attach copies of each return. Returns should be for the most recent year. For your security, please black out all social security numbers on all pages.

Your Name: ________________________________________________________________

Marital Status: ___ Married/Domestic Partnered  ___ Separated  ___ Divorced  ___ Single  ___ Widowed

Number of Dependents: ______  Ages of Dependents: __________________________________________________________

Are these dependents listed on your income tax return?  ____ Yes  ____ No

Relationship of dependents to you: ____________________________________________________________

Your Occupation: ________________________________________________________________

Your Employer: __________________________________________________________________________

Additional Employer (if any): ______________________________________________________________

Are you:  Full-time: ____________  Part-time: ______________

Spouse/Partner Occupation: ______________________________________________________________

Their Employer: _________________________________________________________________________

Their Additional Employer (if any): _________________________________________________________

Is your spouse/partner:  Full-time: ____________  Part-time: ______________

Last Year’s Household Annual Income (gross income from US 1040): $__________________________

Current Year’s Household Annual Income (gross annual income):  $____________________________

Please estimate the gross income your household will have for the entire year if you don’t know the exact amount, and tell us if it’s an estimate: $______________________________

Do you receive child support and/or alimony?  ____ Yes  ____ No

If yes, specify type and monthly amount(s) you receive: $______________________________

List all other income sources  (ex., employer funds for the training, other scholarships or grants for the training, rental and investment property income, home equity loans, assistance from friends and relatives, and anything else. Include type of funding/income and amounts.

________________________________________________________________________________________

________________________________________________________________________________________
Your Name: ____________________________________________

**Household Assets (include information for all members of your household):**

- Cash, stocks, bonds, mutual funds, CDs, money market, Savings, checking accounts, etc. (total value today): $____________________________
- Retirement accounts (total value today): $____________________________
- Primary home value today: $____________________________
- Secondary/Investment property value today: $____________________________
- Other (please specify): $____________________________

**Total Assets:** $____________________________

**Household Debt:**

- Mortgage or rent (monthly payment amount) $___________ (___ check here if you rent)
- Home equity loan (monthly payment amount) $___________
- Auto loan (monthly payment amount) $___________
- Student loan (monthly payment amount) $___________
- Other debt: specify type & monthly payment amount $___________
  but don’t include normal credit card charges, everyday expenses, utilities, food,
  entertainment, etc. $___________

**Total Monthly Debt Payments:** $___________

Unpaid mortgage balance
- Primary home: $____________________________
- Secondary/Investment property: $____________________________

Amount of aid requested: $___________ Minimum amount needed to participate in training: $___________

*We understand that each person’s financial circumstances are unique. If you would like to tell us about any other circumstances regarding your financial situation, please type or print your information clearly on a separate page.*
SECTION 3: FULL-TIME STUDENT SCHOLARSHIP

- Complete all fields in this section and Section 5 (signature page) to apply for a full-time student scholarship.
- Attach a copy of the front and back of your current student ID to this application.

Your Name____________________________________________________________________________

Your Educational Institution________________________________________ Dates of Enrollment_________

Degree Sought___________________________________________________________________________

Are you a full-time student? _____________________________________________________________

Institution’s Address________________________________________ City__________ State_____ Zip_____

Registrar’s Name________________________________________ Registrar’s Phone____________________

Registrar’s Email (please print)____________________________________________________________

Advisor’s Name________________________________________ Daytime Phone_______________________

SECTION 4: DIVERSITY/INCLUSION SCHOLARSHIP

- Complete this section and Section 5 (signature page) to apply for a scholarship on the basis of diversity and inclusion.

Your Name: ___________________________________________________________________________

Please check any box that applies to you:

___ I identify as racially non-white. If you check this line, how do you racially identify?_______________

___ I identify as part of the LGBTQ community.

___ My life’s work is currently/primarily focused on:
  ___ serving minority and marginalized communities/communities living in poverty
  ___ faith-based communities
  ___ victim support and advocacy
  ___ prison/corrections communities
  ___ veterans
  ___ environmental/global health
  ___ other

If you checked any of the above, please explain the nature of your work:________________________________________________________________________

_____________________________________________________________________________________

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SECTION 5: SIGNATURE

- All applicants must complete this section.
- Scholarship application forms cannot be processed unless they are signed.

By signing here, I affirm that the information I have provided is accurate and complete.

________________________________   _______________________________________
Applicant’s signature                  Applicant’s printed name

_______________________________________
Date

Please keep a copy of your scholarship application for your records.
Thank you for your interest in IFS.