Internal Family Systems⁸⁸

THE CENTER FOR SELF LEADERSHIP

www.selfleadership.org

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, employee group 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.

Employee group discount: CSL may provide a tuition reduction for any group of 3 or more people who work in the same professional/occupational organization who do the same training. Please see the complete employee group discount policy (FAQ page) at www.selfleadership.org.

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.

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SCHOLARSHIP APPLICATION CSL-ORGANIZED LEVEL 1, 2 AND 3 TRAININGS

 If you have questions about need-based scholarships, please contact: <u>training@selfleadership.org</u>, 708.383.2519.

• If you have questions about any other scholarships, please contact: Jon Schwartz, Jon@selfleadership.org, 708.383.2659

Please submit all scholarship applications to one of the following:

Email: training@selfleadership.org

Fax: 708.383.2399

Postal mail: PO Box 3969, Oak Park IL 60303

NOTE: Please only submit the pages that you write or type on, plus any supporting documents.

TO APPLY FOR SCHOLARSHIPS

- 1. Please read the 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.

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 will ask you to accept or decline the scholarship.



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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.

Marital Status:Married/Domestic PartneredSeparatedDivorcedSingleWidowed Number of Dependents: Ages of Dependents: Yes No Relationship of dependents to you: 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): Part-time: Part-ti	Your Name:
Are these dependents listed on your income tax return? Yes No Relationship of dependents to you:	Marital Status:Married/Domestic PartneredSeparatedDivorcedSingleWidowed
Relationship of dependents to you:	Number of Dependents: Ages of Dependents:
Your Employer:	Are these dependents listed on your income tax return? Yes No
Additional Employer (if any):	Relationship of dependents to you:
Additional Employer (if any): Part-time: Part-time: Spouse/Partner Occupation: Their Employer: Their Additional Employer (if any): Part-time:	Your Occupation:
Are you: Full-time: Part-time: Spouse/Partner Occupation: Their Employer: Their Additional Employer (if any): Is your spouse/partner: Full-time: Part-time: Part-time: Last Year's Household Annual Income (gross income from US 1040): \$ Current Year's Household Annual Income (gross income): \$ Please estimate the income your household will have for the entire year if you don't know the exact figure, and tell us if it's an estimate: \$ Do you receive child support and/or alimony? Yes No	Your Employer:
Spouse/Partner Occupation: Their Employer: Their Additional Employer (if any): Is your spouse/partner: Full-time: Part-time: Current Year's Household Annual Income (gross income from US 1040): Please estimate the income your household will have for the entire year if you don't know the exact figure, and tell us if it's an estimate: Do you receive child support and/or alimony? 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	Additional Employer (if any):
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 income): \$ Please estimate the income your household will have for the entire year if you don't know the exact figure, 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	Are you: Full-time: Part-time:
Their Additional Employer (if any): Part-time:	Spouse/Partner Occupation:
Is your spouse/partner: Full-time: Part-time: Part-time	Their Employer:
Last Year's Household Annual Income (gross income from US 1040): \$	Their Additional Employer (if any):
Current Year's Household Annual Income (gross income): Please estimate the income your household will have for the entire year if you don't know the exact figure, and tell us if it's an estimate: \$	Is your spouse/partner: Full-time: Part-time:
Please estimate the income your household will have for the entire year if you don't know the exact figure, and tell us if it's an estimate: \$	Last Year's Household Annual Income (gross income from US 1040): \$
entire year if you don't know the exact figure, and tell us if it's an estimate: \$	Current Year's Household Annual Income (gross income): \$
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	Do you receive child support and/or alimony? Yes No
training, rental and investment property income, home equity loans, assistance from friends and	If yes, specify type and monthly amount(s) you receive: \$
	training, rental and investment property income, home equity loans, assistance from friends and

Household Assets (include information for all members	of your household)	ı:
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 typical credit card charges, everyday expenses, utilities, food, entertainment, etc.	\$	-
Total Monthly Debt Payments:	\$	-
Unpaid mortgage balance Primary hom	e: \$	<u> </u>
Secondary/Ir	nvestment property	/: \$
Amount of aid requested: \$ Minimum amour	nt needed to partic	ipate in training: \$

Your Name:_____

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	<u></u>	
Registrar's Email (please print)			
Advisor's Name	me Daytime Phone		
 SECTION 4: DIVERSITY/INCLUSION S Complete this section and Section the basis of diversity and inclusion. 	tion 5 (signature page) to	o apply for a so	cholarship on
Your Name:			
Please check any box that applies to you:			
I identify as racially non-white. If you c	heck this line, how do you rac	ially identify?	
I identify as part of the LGBTQ commun	nity.		
My life's work is currently/primarily foc	cused on:		
serving minority and r faith-based communit faith-based communit richter victim support and ad prison/corrections co veterans environmental/global other If you checked any of the above, ple	vocacy ommunities health		in poverty

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.