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](http://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.
SCHOLARSHIP APPLICATION
CSL-ORGANIZED LEVEL 1, 2 AND 3 TRAININGS

- If you have questions about need-based scholarships, please contact: training@selfleadership.org, 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.
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 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 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 typical 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:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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.