



# International Fellowship of Chaplains

P.O. Box 1004, Temple, TX 76503  
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www.ifoc.org Chaplains@ifoc.org

## The International Fellowship of Chaplains Renewal Scholarship Application

*The International Fellowship of Chaplains Renewal Scholarship* will be used to assist chaplains with their renewal fees who are experiencing a financial hardship. The amount for each award is \$50. The awardee is responsible for the remaining balance of the renewal cost. Please e-mail to [Chaplains@ifoc.org](mailto:Chaplains@ifoc.org) when complete.

### **Section 1- PERSONAL DATA**

Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Secondary  
I.F.O.C. Chaplain ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Section 2- RENEWAL DATE**

✓ I attest:

- 1) \_\_\_\_\_ My Renewal date is within one month from today, or I have expired within the last 3 months.
- 2) **Renewal Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Section 3- HARDSHIP NARRATIVE STATEMENT**

Please provide a written narrative statement explaining why you are requesting a scholarship and the financial hardship that you are experiencing. Please provide narrative on a separate piece of paper and please make sure your name and Chaplain ID is at the top of your statement page. Please limit your narrative to one page, font size 12 and document should have standard margins of 1".

### **Section 4- RENEWAL PAYMENT SELECTION**

✓ *Check off which payment arrangement you want if you are selected to receive a scholarship.*

- 1) \_\_\_\_\_ I will pay my renewal fee less the \$50 Scholarship amount at this time.
- 2) \_\_\_\_\_ Please set up a payment plan for my renewal fee less the \$50 Scholarship. Payment arrangements are equal monthly payments, auto-drafted from the awardee's credit card, with the plan completed by the awardee's next renewal date. The \$50 scholarship will be applied once all payments have been received.

### **Section 5- AFFIRMATION**

I am applying for the International Fellowship of Chaplains Renewal Scholarship. I affirm that I meet the required criteria outlined herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name