

Saint Mary Culture of Life Supporting Funds

Purpose: To affirm, educate, and advocate God's Plan for fertility and the value of human life.

This application is for:

Individuals or couples seeking education/instruction on Human Reproductive information.

Individuals or Couples in Johnson or Linn counties that want to attend a class or event based on fertility awareness of God's plan for human life who may need financial assistance in order to accomplish that goal.

Examples of supported Classes or Events :

Creighton Model Fertility Care System

Billings Ovulation Method of America

SymptoThermal Method

Couple to Couple League Method

Family of the Americas Foundation Method

Women's HealthCare Matters Conference (3 Day)

The Cycle Show

The Cycle Show Trainer education in Des Moines (3 Day Training)

Charting Supplies / Lab (ovulation) kits

Qualifications to apply:

1. Be a resident of Johnson or Linn County with preference for those in the Diocese of Davenport, in the State of Iowa. Exceptions for those outside of this geographic area will be considered on a case by case basis.
2. Complete the attached application.
3. For Student/Scholar provide a personal statement on the topic "Why attending this education program is important to me".
4. Provide a personal statement on the topic "Why funds are needed to attend this education program," or "Why funds are needed for materials."

Qualifications to receive funds, once application has been reviewed:

1. Pay for the event, program, or class with a copy of receipt or invoice. Otherwise, please attach a flyer of the class, or program based on fertility awareness care that states the cost.
2. Amount of the request will be checked over with response to the statements of: "Why attending this education program is important to me" and/or "Why funds are desired to attend this education program or why funds are being requested for materials."
3. The application was completed with the attached information needed.
4. A letter of notification will be mailed out with the amount awarded for the request.
5. Must show the funds were used as requested. Documentation-Provide a copy of a certificate or receipt from the program following completion.
6. Agree to promote and advocate by helping (in whatever role you are comfortable) at a Culture of Life Dinner or event in Johnson or Linn County and outreach activities supporting life.

Other:

7. The award committee will grant awards based on: their judgment of the applicant's commitment to promoting a culture of life, number of applicants and availability of funds. Meeting the qualifications criteria does not guarantee an award.
8. In the event the committee receives more applications than it has funding for, and all candidates are equally qualified individuals, the following criteria may be used as a tie breaker: affiliation with the Catholic Church and/or the Knights of Columbus and/or proximity to St. Mary's Catholic Church Solon, IA
9. *Please send completed application and attachments (release letter, supporting fund, ethical standards agreement, and answers to questions) to the following address:

St. Mary Catholic Church
Attn: Culture of Life Team
1749 Racine Ave NE
Solon IA 52333

Or email (in pdf format) to: solonstmary@diodav.org
Please include "Culture of Life Team" in the RE line

Or fax to: 319-624-3564
With cover page directed to
Saint Mary Catholic Church Attn: Culture of Life Team

Saint Mary's Culture of Life Supporting Funds

Check which one	Amount needed
Creighton Model Fertility Care System	\$
Billings Ovulation Method of America	\$
SymptoThermal Method	\$
Couple to Couple Mother/Daughter Leveled Online Instruction	\$
Family of the Americas Foundation Method	\$
Women's HealthCare Matters Conference (3 Day)	\$
Cycle Show	\$
Cycle Show Trainer education in Des Moines (3 Day Training)	\$
Charting Supplies / Lab (ovulation) kits	\$
Other program (please specify)	\$

 Last Name First Middle

 Home Address Apt/Unit#

 City State Zip Code

 Business or Home Phone Cell Phone E-mail

I attest that the information contained in this application is true and complete to the best of my knowledge. I authorize Saint Mary Catholic Church Culture of Life Funds Grant Committee to investigate all statements contained within this application as may be necessary to decide if I am eligible for this award. I further understand that intentional falsification of information contained in this application or failure to attend or complete the training/ program for any reason will be grounds for revocation of award or require repayment of award if it has already been dispersed.

 Signature of Applicant

 Printed Name of Applicant

 Date

Please submit the answers to the following questions with this application:

- Why is attending this education program important to me?
- Why is financial support desired to take part in this program?

STATEMENT OF RELEASE FROM LIABILITY:

I, _____, in applying for the Saint Mary Catholic Church Culture of Life funding, I give my permission for any institution, person or group of persons with whom I have in any way been associated, to release to the Culture of Life Funding Committee at Saint Mary Catholic Church Solon, IA or its representative any information pertaining to my qualifications for this funding.

Such information may include, but is not limited to;

- verification of enrollment in the program/ training/ or event
- completion of the program
- Exhibiting ethical and respectful behavior during instruction

In giving my permission for the release of such information by any institution, person or group of persons to the Funding Committee at Saint Mary Catholic Church Solon, IA or its representative, I hereby release from liability any institution, person, or group of persons for their acts performed in good faith and without malice in connection with supplying of information for the processing of my application to the Funding Committee at Saint Mary Catholic Church of Solon, IA funding with the Culture of Life Team.

Signature of Applicant

Printed Name of Applicant

Date of Birth

Date

Signature of Witness

Printed Name of Witness

Date

Ethical Standards Agreement

Whereas... the Catholic Church, to which the Culture of Life Team belongs (through the parish of Saint Mary of Solon and the Diocese of Davenport), firmly believes and teaches the sanctity of marriage and practice of the virtue of chastity in all people according to their station in life, and

Whereas... the act of conjugal love is designed and intended for a unitive and procreative purpose within the context of a committed, marital relationship, and

Whereas... through proper understanding of the teachings of the Church (*Theology of the Body* and *Humanae Vitae* - explanations available upon request) that sexual relationships are meant to be free, total, faithful, and fruitful within the context of a marital relationship upon which vows were exchanged before witnesses to do so, and

Whereas... the purpose of these scholarships is to promote understanding of the female reproductive system, aid in the diagnosis of health concerns, and aid married couples in achieving pregnancy and/or spacing pregnancies according to the individual needs of their family situation (with the express hope of that consultation with their spiritual advisor, pastor, or priest will take place, should the need arise), and

Whereas... the funds entrusted to the Culture of Life Team have been graciously donated by those who espouse our mission "to affirm, educate, and advocate God's Plan for fertility and the value of human life," and must be distributed with prudence and in accordance with the intent to which the funds were given.

Therefore... the applicant wishing to receive funding for educational purposes agrees to uphold the same principles as those in line with the mission of the Culture of Life team, as well as the teachings of the Church stated above, and

Therefore... should an award of funding be made and it becomes known the awardee has chosen not to adhere to the ethical outlines made above, the Culture of Life Team holds the right to revoke unused funds awarded in order to properly apply monies to those who abide in our mission.

By signing this agreement, the applicant commits to uphold the ethics stated above.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

*Relationship to Applicant: _____

(*preference for spiritual director, pastor or priest to fulfil this role, as further explanation and education can be provided individually as needed to enter this agreement with full understanding and acceptance.)

Instructions for Application: Saint Mary Culture of Life Supporting Funds/Scholarship

First thing to note, this application is to aid those interested in learning a form of Fertility Awareness Based Methods (FABM), also known as Natural Family Planning (NFP), primarily for their personal or marital use. If you are wanting to become a practitioner or medical consultant to help others learn the Creighton Method, please see our Grant Application for programs at the Saint Paul VI Institute.

The examples listed may not include a method you are considering. If your chosen method is not listed, please include documentation or a link which details the method or program for the team to research. Thank you for helping expand our knowledge on new resources available.

Qualifications to Apply:

1. Our mission is to help those in our geographic area, but we will consider cases that apply outside of our geographic area. One example of an exception would be the utilization of a FertilityCare Practitioner (FCP) or Creighton Medical Consultant (MC) within our geographic area.
2. Please fill out the form completely, or it may delay the process of acceptance.
3. Personal investment in the process is critical for the success of any program. Our intent is to help individuals be successful in learning their chosen method. This is a critical part of the application process.
4. It is our hope that finances will never be the reason someone is unable to receive training in FABMs. If you have circumstances that will make paying for this service a hardship, we would like to help. Please know that these applications will only be shared with the deciding members of the scholarship review team, and the contents will not be made public.

Qualifications to receive funds, once application has been reviewed:

1. If you have already paid for the service, please attach the itemized receipt for review. If you have not paid for the service, please obtain an itemized bill to submit for our records. We will need to substantiate if the funds are to be reimbursed to you, or to be forwarded directly to your FCP or other practitioner.
2. All funds need to be substantiated. This is usually covered by an invoice from your practitioner. If you include the contact information for your practitioner along with the signed release, we can contact them directly to obtain the information we need for our records.
3. Incomplete information can delay the awarding of funds.
4. We may communicate via mail, email, or phone call initially in order to notify you of the status of the award. We will send a hard copy via mail for your permanent records.
5. There will be ongoing communication with your practitioner to ensure sessions are continuing through the awarded funding. Should you cease to attend scheduled sessions that have been paid for with awarded funds, you will forfeit the remaining unused amount, and the practitioner will be requested to return the unused funds in order to help other applicants.

6. We pray your experience will be a beneficial one, and that you will desire to help spread the mission for others seeking support as you did. In that spirit, we ask that you are open to sharing that positive experience either in person at an event hosted by our team, share your testimony in writing, audio or video, or help the mission in any small way you can.
7. We will strive to meet the needs of all qualified applicants, but we cannot guarantee funds to all who do apply. Requests may be paid in full, partially, or not at all based on current balances of funding resources.
8. Tie breakers for equally qualified applicants - as written in application.
9. Addresses and contact information - as listed in application

Application chart: These are our current listings. They are not all-encompassing, as new resources are constantly being developed, and may change. If you do not see your desired learning opportunity listed, please fill in the "other" field and provide documentation about the program, including what it covers and the expense of the program.

Please fill out all personal information fields accurately.

Please sign and date attesting to accuracy of information.

Statement of Release from Liability:

This document provides us with the permission needed to contact your practitioner. This will be needed to obtain invoicing, to ensure continued participation in scheduled sessions, and to ensure payment is directed to the appropriate individual. We cannot award funds if this release is not signed. Thank you for your understanding.

Witness signature:

This is to ensure that the applicant is the person who fills out the form and is the one requesting the funding. The witness who signs must be a person who indeed knows the individual, and can attest to their identity if asked to do so. NOTE: If you are currently working with an FCP or MC, they can provide this witness.

Ethical Standards Agreement:

In order to be good stewards of our donor's financial contributions, we will uphold the principles of our mission and the teachings of the Catholic Church. Please read carefully and discuss with your advising spiritual director, pastor, or priest for further clarification and full understanding before entering into the agreement.

Should there be any questions or concerns that are not addressed in these instructions, please do not hesitate to contact us via email at COLsolonstmary@gmail.com or any of the ways listed on the application itself.