



Our Whole Lives Training Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Best Phone: _____ Email _____

Date of OWL Training you wish to attend or sponsor: _____ Location of OWL Training you wish to attend or sponsor: _____ Requested Scholarship amount: \$ _____

Your church name and location:

Does your church have a Safe Church Policy? YES NO

If no, what is the current procedure in place if someone discloses abuse or inappropriate conduct?

Please speak to the following:

- Your commitment to the Our Whole Lives values of Self-Worth, Sexual Health, Responsibility, Justice & Inclusivity
- Experience, skill, and comfort with the age group you will be facilitating Our Whole Lives with
- Any anti-bias training you have completed and/or awareness of diversity in race/ethnicity, culture, age, ability, gender, and orientation.
- Ability to advocate for sexual health and safety
- Ability to discuss integration of sexuality and spirituality with members of your congregation

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____