



ICISF WORLD CONGRESS 17

THE POWER OF PURPOSE

APRIL 30 - MAY 5, 2023 | BALTIMORE HARBOR EAST



World Congress 17 Scholarship Application

Application must be filled out by the Applicant Only

Please type your responses on a separate sheet or print your answers below so they are legible. <i>If application is incomplete or illegible, it will not be considered.</i>	
A	Last Name: _____ First Name: _____
B	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____
C	Daytime Telephone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____ Email Address: _____ <i>*We use this email address to contact you regarding the status of your scholarship application*</i>
D	Please list your current ICISF Membership # _____ <i>(ICISF Membership is part of the criteria to apply for this scholarship; Join Today!)</i>
E	Are you currently involved in CISM? _____ List the name of the organization & your position where you are involved in CISM: _____ Is the above position with this organization a volunteer or paid position? _____

F	<p>Do you currently volunteer with an organization involved in CISM? _____</p> <p>If yes, list the organization you are affiliated with currently & your role (<i>put N/A if you are not a volunteer</i>)?</p> <p>_____</p>
G	<p>How are you currently involved in Critical Incident Stress Management? Please provide a detailed description.</p>
H	<p>If selected as a scholarship recipient, please specify desired training course or World Congress 17 course/session by top preferences you are interested in participating if awarded a scholarship.</p> <p>If applying for a World Congress 17 Scholarship:</p> <p>Select the # of days you'd like to attend (<i>If awarded</i>), based on the courses/sessions listed on the World Congress 17 website (icisfworldcongress.org) and also let us know your 1st and 2nd course preferences.</p> <p>___ 1 Day ___ 4 Days</p> <p>___ 2 Days ___ 5 Days</p> <p>___ 3 Days ___ 6 Days</p> <p>List 1st Course Preference/Dates: _____</p> <p>List 2nd Course Preference/Dates: _____</p> <p>List 3rd Course Preference/Dates: _____</p>

I	Please check off which ICISF courses you have taken in the past. If you haven't had any of our courses before, please check "none".	
I	<input type="checkbox"/> None <input type="checkbox"/> Assisting Individuals in Crisis <input type="checkbox"/> Advanced Assisting Individuals in Crisis <input type="checkbox"/> Advanced Group Crisis Intervention <input type="checkbox"/> Behavioral Aspects of Integrated Community Para-Medicine <input type="checkbox"/> Behavioral Emergencies: Survival Strategies for Emergency Services and Counselors <input type="checkbox"/> Building Skills for Crisis Intervention Teams <input type="checkbox"/> CISM Application for Children <input type="checkbox"/> CISM Applications with Air Medical, Critical Care Transport & Airborne Law Enforcement <input type="checkbox"/> CISM Practical Review & Update <input type="checkbox"/> CISM: When Disaster Strikes <input type="checkbox"/> Compassion Fatigue <input type="checkbox"/> Comprehensive Crisis Preparation & Response for the Workplace <input type="checkbox"/> Corporate Crisis Response <input type="checkbox"/> Critical Incidents in Place of Worship – Providing Effective Crisis Support <input type="checkbox"/> Domestic Terrorism and Weapons of Mass Destruction: A CISM Perspective <input type="checkbox"/> Emotional & Spiritual Care in Disasters <input type="checkbox"/> Ethics for Traumatologists <input type="checkbox"/> From Battlefield to Street: One Uniform to Another <input type="checkbox"/> From Trauma to Addictions <input type="checkbox"/> Grief Following Trauma <input type="checkbox"/> Group Crisis Intervention <input type="checkbox"/> Healing Ways: Group Crisis Interventions for Indigenous People <input type="checkbox"/> Law Enforcement Perspectives for CISM Enhancement <input type="checkbox"/> Line of Duty Death: Preparing the Best for the Worst <input type="checkbox"/> Managing School Crises: From Theory to Application	<input type="checkbox"/> Pastoral Crisis Intervention I <input type="checkbox"/> Pastoral Crisis Intervention II <input type="checkbox"/> Preventing Youth Violence <input type="checkbox"/> Psychotraumatology: A Cognitive Therapeutic Approach <input type="checkbox"/> Resilience in Healthcare: Performance, Meaning and Connection <input type="checkbox"/> Resilience Training: Psychological Survival Skills for Before, During, & After Crises <input type="checkbox"/> Responding to School Crises: A Multi-Component Crisis Intervention Approach <input type="checkbox"/> Spiritual & Psychological First Aid <input type="checkbox"/> Staff Support in the Healthcare Setting <input type="checkbox"/> Strategic Response to Crisis <input type="checkbox"/> Stress Management for the Trauma Provider <input type="checkbox"/> Suicide Awareness: An Introduction to Crisis Responders <input type="checkbox"/> Suicide Prevention, Intervention, & Postvention <input type="checkbox"/> Survival Skills for the First Responder <input type="checkbox"/> TEAM: Team Evolution and Management <input type="checkbox"/> Techniques for Delivering Bad News for Crisis Response Personnel <input type="checkbox"/> Terrorism: Psychological Impact and Implications <input type="checkbox"/> Thought Field Therapy <input type="checkbox"/> Treatment of Complex PTSD <input type="checkbox"/> Understanding Human Violence: Survival Information for Emergency Services & Counselors <input type="checkbox"/> Understanding Suicide: Effective Tools for Prevention, Intervention & Survivor Support <input type="checkbox"/> Understanding Uniformed Services Family Stress <input type="checkbox"/> Working with Victims of Individual and Mass Crimes <input type="checkbox"/> Workplace Violence
I	List any ICISF Approved Instructor courses you are currently allowed to teach. <i>If none, just put N/A.</i>	

J	<p>How will attending this training and participating in your preferred course (<i>if selected for a scholarship</i>) benefit you? Please describe in detail.</p>
K	<p>What are your short and long-term goals regarding Critical Incident Stress Management Training in detail?</p>
L	<p>Please explain your reasoning of financial assistance for an ICISF Academy of Crisis Intervention Scholarship to attend your preferred training if selected.</p>

M	The following items must be attached to this application for the application to qualify to be reviewed by the scholarship committee. Your application will be returned to you if these items are not attached to this application. (NO EXCEPTIONS)	
Check “YES” to be sure you have attached each item as required.		
YES		Two Professional Recommendation Letters citing relevance of requested ICISF training to the applicant’s employment and/or volunteer service. <i>Must be on Letterhead. ICISF Staff will not accept Word Documents.</i>
YES		(NEW) Attach photo of individual applying to be used for ICISF Website (Scholarship Recipients page) & in an article in our member-only newsletter, LifeNet (publishes quarterly)
OPT OUT		To opt-out of having a photo used on the ICISF Website & our member-only newsletter, LifeNet, check this box.

ICISF Terms & Conditions of Scholarship Program

I hereby affirm that all the above stated information provided by me, the applicant, to the International Critical Incident Stress Foundation, Inc. and the Academy of Crisis Intervention Scholarship Department is true, correct, and without forgery.

I consent that my picture/video may be taken and can be used for any purpose deemed necessary by ICISF Staff and the Scholarship Department. Any information included as part of this application can be used for any purpose deemed necessary to promote the Academy of Crisis Intervention Scholarship Fund and the International Critical Incident Stress Foundation, Inc.

I hereby understand that if awarded a scholarship, the ICISF applies scholarship funds directly to the selected ICISF Education & Training training program/course or World Congress 17 course/session. I also understand that this scholarship only covers registration costs and course materials (*textbooks*) for **one course** and does not include any travel or lodging expenses for those traveling to attend the selected training. **I further understand that *this scholarship doesn’t include any Approved Instructor Candidate Program courses.***

By signing below, I agree to all of the above stated terms and conditions and verify that all information provided is accurate and up to date.

Signature of Scholarship Applicant: _____

Date: _____

Incomplete/Illegible Applications Will Not Be Considered.

Please only Email the application and all supporting documentation to:

**International Critical Incident Stress Foundation
Attention: Scholarship Committee
Email: scholarship@icisf.org**