

Practitioner, Supervisor and Educator Grant

A Grant will be awarded in the amount of up to 50% of the educational costs of training in the Creighton Model FertilityCare™ System in the Practitioner, Supervisor and/or Educator tract. The total amount awarded may be applied to tuition, books, room and/or board as well as travel expenses to and from the education site. *All bills must be substantiated.*

Qualifications to apply:

1. Be a resident of Iowa or serve residents in the State of Iowa in the ordinary care of your services as a Practitioner (Service to Linn and Johnson Counties preferred).
2. If a student of the Supervisor program, supervise Practitioners in Iowa.
3. If a student in the Educator program, no geographic restrictions apply.
4. Be accepted for training in an American Academy of FertilityCare™ Professionals (AAFPC) accredited education program for the purpose of becoming a Creighton Model FertilityCare™ Practitioner, Supervisor or Educator (see exclusions below). A copy of your letter of acceptance will demonstrate adequate documentation of this requirement, but will be need to be verified prior to disbursement of funds.
5. Pledge to adhere to the ethical guidelines of the AAFPC. A signed copy of the guidelines provided in the course registration packet will demonstrate adequate documentation of this requirement.
6. Complete the attached application.
7. Provide a personal statement on the topic “Why teaching the **CREIGHTON MODEL FertilityCare™ System** is important to me.”
8. Provide a letter of reference in support of being awarded this grant.

Qualifications to receive funds:

1. Be awarded the grant (you will be notified of award and amount by letter).
2. 25% of the grant will be dispersed immediately prior to the beginning of Education Phase 1.
3. Provide proof of payment of expenses sufficient to document the amount of the awarded grant falls within the above Grant Award.
4. The remainder of the grant will be dispersed upon completion of Education Phase II (usually in April of the academic year) after expenses are substantiated. A copy of a certificate of completion with your program name or a signed statement from your AAFPC member supervisor will demonstrate adequate documentation of this requirement.
5. The total award will not exceed 50% of the total substantiated educational costs of training as defined above.

Exclusions:

Individuals in the “Instructor Course” are not eligible for the grant.

Other:

1. The award committee will grant awards based on their judgment of the student's commitment to promoting a culture of life, number of applicants and availability of funds. *Meeting the qualifications criteria does not guarantee an award.*
 2. In the event the committee receives multiple applications of equally qualified individuals, affiliation with the Catholic Church and/or the Knights of Columbus may be used as a **criteria**.
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Please send completed application and attachments (release, letter of acceptance, copy of ethics pledge, personal statement and letter of recommendation) to the following address:

Knights of Columbus Council 14385
c/o Fertility Care Grant Committee
618 E. Davenport Street
Iowa City, Iowa 52245

STATEMENT OF RELEASE FROM LIABILITY:

I, _____, in applying to the Knights of Columbus, Saint Wenceslaus Council 14385 for award of the Practitioner, Supervisor, Educator Grant, give my permission for any institution, person or group of persons with whom I have in any way been associated to release to the Knights of Columbus, Saint Wenceslaus Council 14385 or its representative any information pertaining to my qualifications for this grant.

Such information may include, but is not limited to, verification of enrollment in an approved and accredited Creighton Model FertilityCare Practitioner, Supervisor or Educator program, completion of certain parts of the program, geographic area of practice, professional conduct and personal integrity.

In giving my permission for the release of such information by any institution, person or group of persons to the Knights of Columbus, Saint Wenceslaus Council 14385 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 Knights of Columbus, Saint Wenceslaus Council 14385 Practitioner, Supervisor, Educator Grant.

Signature of Applicant

Printed Name of Applicant

Date of Birth

Date

Witness

Printed Name of Witness