Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC Birth Doula Training Scholarship Application:

***Before filling out this application please read “Information about Birth Doula Training Scholarships” on our website and consider carefully if you are able to make this substantial commitment.***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Age:\_\_\_\_** (minimum age 21) **Yearly household income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am a: (check all that apply)**

\_\_\_ Mother \_\_\_ Single mom

\_\_\_ Teen mom \_\_\_ Low income \_\_\_ Student: type or major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racial/ethnic group(s):** \_\_\_ African-American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native American

\_\_\_ Multi-racial \_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language skills**:

**If you speak another language, including American Sign Language, please list it below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why do you want to be a doula?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Have you had any experience attending births of family members, friends, etc.?** \_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have you ever taken a series of Childbirth Preparation Classes?** \_\_\_\_\_\_\_\_

If so: What method was taught? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where was the class held? \_\_\_\_\_\_\_\_\_\_
 How many hours did it last? \_\_\_\_\_\_\_\_\_\_\_How long ago was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you read any books on the subjects of pregnancy, natural childbirth, or breastfeeding?**

Please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How do you expect to manage a lifestyle that involves being "on-call" and rushing off to births on short notice, day or night?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**What is your comfort level or experience in working with a culturally diverse population of women with limited resources?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Where do you see yourself in 3-5 years?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have reliable transportation accessible at ALL times of day and night?** \_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a valid Driver’s License?** \_\_\_\_\_\_\_\_\_\_\_\_

 (Scholarship recipients will be required to provide proof of a valid driver’s license)

**Do you carry minimum automobile liability insurance as required by the State of North Carolina? \_\_\_\_\_**
(Scholarship recipients will be asked to show proof of automobile insurance.)

**Will you be able to attend all training days? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you intend to fulfill all of the requirements towards Doula Certification? \_\_\_\_\_\_\_\_\_\_\_**

**A condition of receiving a scholarship is agreeing to provide birth doula services on a volunteer basis. If awarded a scholarship, you must commit to providing volunteer doula services for low-resource pregnant people.**  Services include two prenatal visits, being available for the "on-call" for the month surrounding the woman’s due date, attending the birth as labor support, and providing two postpartum visits. Commitment for a full scholarship is providing services for **6** women. Commitment for a partial scholarship is determined by the amount awarded.

**Volunteer work must be completed within 18 months of completing the training. If your ability to volunteer as a doula within this timeframe is limited for any reason (i.e., childcare concerns, school or work conflicts, travel plans, transportation limitations, current pregnancy, etc.), please explain.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**We are a Grassroots organization, dependent on donations and grants to provide the services we offer. We are limited in our funding. If you can contribute any amount toward your training, we will be able to award a greater number of scholarships and thus serve a larger number of pregnant people in the Charlotte area.**

 [ ] Partial scholarship, I can contribute $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] No, I need a full scholarship ($495 value with 6 volunteer births required).
 **NOTE** a full scholarship covers the following costs:

Comprehensive doula training including

Matching you with clients requiring volunteer doula services (6 or more)

Extensive mentoring and support from experienced doulas

On receiving a scholarship you commit to:
 -Attend all classes

 -Provide full prenatal, birth and postpartum support for 6 clients
 -Submit all relevant paperwork for each client
 -Doula (man) an information table at a minimum of one local event as a
 representative of WISE Community Doulas.

**How important is this scholarship to you in order for you to become a doula?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Where or from whom did you hear about this program?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything else you would like us to take into consideration when reviewing this application?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide us with 3 references that we may contact. At least 2 should be professional references. Please do not list family members as references.**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_

 How long has this person known you?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_

 How long has this person known you?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_

 How long has this person known you?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a resume with your application.**

**Questions? Call:** Fametta Darling, (704-255-5132)

Submit applications via email (preferred method) to: wisecommunitydoulas@gmail.com