Maternity Support Scholarship Application

meridian

First Name

Last Name

Address Line 1

Address Line 2

City

State

Zip Code

County

Phone Number

What Michigan county/counties would you utilize your certification in?

Do you identify as a member of the LGBTQIA+ community?

☐ Yes ☐ No ☐ Prefer Not to Answer

What is your identified race/ethnicity (choose all that apply and enter additional details, as applicable)?

☐ African American ☐ Alaskan Native ☐ Albanian ☐ American Indian ☐ Armenian
☐ Asian Indian ☐ Chamorro ☐ Chinese ☐ Colombian ☐ Congolese ☐ Cuban
☐ Egyptian ☐ English ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ French ☐ German
☐ Guatemalan ☐ Haitian ☐ Iranian ☐ Iraqi ☐ Irish ☐ Israeli ☐ Italian
☐ Jamaican ☐ Japanese ☐ Korean ☐ Lebanese ☐ Marshallese
☐ Mexican/Mexican American ☐ Moroccan ☐ Native Hawaiian ☐ Nigerian ☐ Palestinian
☐ Polish ☐ Puerto Rican ☐ Salvadoran ☐ Samoan ☐ Somali ☐ Syrian ☐ Tongan
☐ Vietnamese
☐ Other:
☐ Prefer Not to Answer

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Which scholarship are you applying for?
☐ Birth Doula ☐ Lactation Consultant

Are you already a certified Doula or Lactation Consultant?
☐ Yes ☐ No

Which entity would you be getting your certification through (must be one below)?
Birth Doula
☐BEST Doula Training ☐Birth Arts International ☐Childbirth International ☐ProDoula
☐Cornerstone Birthwork Training ☐Doula Training International ☐Heart Soul Birth Pros
☐MaternityWise Institute ☐LifeSpan Doulas

Lactation Consultant
☐Lactation Education Resources ☐Gold Lactation Academy ☐Evergreen Perinatal Education
☐ LactaLearning ☐Birth Arts International ☐Childbirth International ☐MaternityWise Institute
☐Healthy Children Project ☐Birth Day Presence

What inspired you to become a Birth Doula/Lactation Consultant?

How will this scholarship help you reach your goals?

How do you plan to serve your community with this scholarship?

Maternity Support Scholarship Application

What is your vision for improving maternal health outcomes through your work as a Birth Doula/Lactation Consultant?

Upon submission of this application, I attest that I understand the following:

- This scholarship can only be awarded once per lifetime
- Scholarship funds must go towards tuition, exams, textbooks, or other course-related expenses Receipts/proof of purchase must be submitted to the health plan timely via CommunityGrantProgram@mimeridian.com
- Once certification is obtained, this must also be sent to the health plan via CommunityGrantProgram@mimeridian.com and the credentialing process must begin with Meridian (if Doula Certification is obtained)
- If the above are not complete, the award must be repaid within 6 months
- Meridian maintains the right to modify or discontinue this program at any time. Funding for this program will not exceed budgeted amounts

Agree ☐ **Do Not Agree** ☐