



Birthingway College of Midwifery
12113 SE Foster Road
Portland, Oregon 97266
503-760-3131

Labor Doula Scholarship Program Application

Date: _____

Legal First Name	Legal Middle Initial	Legal Last Name
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Contact Information (Please Print):

Address		
City	State	Zip
Email	Phone	

I am applying as a member of the _____ community.

OR

I speak _____ as a first language and English as a second.

Describe why you are interested in becoming a doula.

What is your previous experience with the community you plan to support?

How do you plan to bring doula work into your community?

Character References

Name	Phone	Relationship
Address		
Email address		

Name	Phone	Relationship
Address		
Email address		

Work Experience (most recent first):

Employer	Job Description	From Date:	To Date:

Educational Background:

Institution	Degree/Diploma	From Date:	To Date:

This program is for persons who wish to serve as Labor Doulas in their traditional communities as defined by Birthingway's Scholarship Labor Doula policy. If you are awarded this scholarship, you will be notified and scheduled to attend one of Birthingway's Labor Doula Workshops. If you commit to this scholarship, you agree to complete the workshop, immediately enroll in the practicum and attend and document five births serving women in your community as a volunteer during your Birthingway Doula training. Your certification is good for 2 years. The scholarship covers the cost of half of Birthingway's Labor Doula workshop and half the cost of the Labor Doula Practicum Program . It does not include the cost of class materials (including late registration fees and materials fee). The Certification fee is waived for scholarship applicants if the practicum is finished in one year. You are responsible for attending the workshop, paying the workshop registration and materials fee, and serving as a volunteer Doula for 5 births (as mentioned above). By signing below, you agree to these conditions and verify that the above information you have given is true.

Signature

Date

This form can be filled out on a computer or by hand. A typed signature is considered official for the purpose of this form and can be emailed.

Please submit this application to:
Birthingway College of Midwifery
12113 SE Foster Rd. Portland, OR 97266
Phone: 503.760.3131
Fax: 503-760-3332
Email: spc@birthingway.edu