Birthingway College of Midwifery
1213 SE Foster Road
Portland, Oregon 97266
503-760-3131

Lactation Education Partial Tuition Waiver Program
2017 Application

Must be postmarked no later than October 15, 2016

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Contact Information (Please Print):

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In an effort to support the findings of the ILCA 2014 Lactation Summit, Birthingway is committed to helping advance the Lactation Profession. In particular, Birthingway supports education of individuals from historically low-resourced or marginalized communities. These groups include, but are not limited to: the non-dominant culture, African Americans, Native Americans, Hispanics and Latinos, any non-privileged race, ethnicity, or religious groups.

Applicants will be asked to demonstrate their ability to serve one or more of these types of communities. To apply for this waiver, applicants may not be currently enrolled in the Lactation or Midwifery Program. Please contact the Program Coordinator for more information: lpc@birthingway.edu.

I am applying as a member of the ___________________________________________________ community.

Please answer the following questions on separate paper.

1. Describe why you are interested in becoming a Lactation Consultant.
2. What is your previous experience with the community you plan to support?
3. How do you plan to bring breastfeeding support into your community?
4. Coursework at Birthingway is rigorous. Each credit hour represents 10 hours of class time and approximately 20 hours of study and homework time outside of class. What challenges do you see in attending class and completing assignments? What are some of your strategies for managing this type of academic workload?

Partial Tuition Waiver Benefits and Limitations
This tuition waiver program covers half of tuition costs for the following courses, listed by term:

Spring 2017
• Introduction to Breastfeeding Theory (BRF 131q), 3 credits
• Breastfeeding Skills (BFS221q), 2 credits

Fall 2017
• Advanced Breastfeeding Theory (BRF212q), 1 credit
Award recipient will pay full price for: textbooks, course packs, lab fees, registration fees, tech fees, and any other relevant fees, including late fees if applicable. The award is limited to one recipient per academic year. Recipient may be required to submit a supplemental registration form each term. In the case that award recipient does not register for or complete one or more of the eligible courses, they would be required to pay the full tuition and all fees to re-take the course.

Personal and/or Professional References
Please provide the names and contact information from two people, not related to you, whom you have asked to send reference letters on your behalf to Birthingway College of Midwifery.

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Applicants will be invited to attend a personal interview with the Award Decision Committee. Award recipient will be notified in writing and required to confirm acceptance of the award. If acceptance deadline is not met, another applicant may be offered the award instead.

Technical Standards for Student Lactation Consultants
- Must be able to observe demonstrations and experiments in the basic sciences.
- Must have sufficient use of the sensory, visual, hearing, and motor systems, and the somatic sensation necessary to perform a physical examination.
- Must be able to perform clinical care activities, such as palpation of the breast and newborn palate assessment.
- Must be able to communicate in English with accuracy, clarity, efficiency, and sensitivity, both verbally and in writing.
- Must have the skills to analyze and synthesize information, solve problems, and reach diagnostic and therapeutic judgments.
- Must be able to acknowledge evaluation and respond appropriately.

All of the information provided in this application is true and accurate at the time of submission to the best of my knowledge. I understand that furnishing false information may be grounds for my dismissal from Birthingway College of Midwifery. I have read and understand the process for application and the Technical Standards for Student Lactation Consultants. My signature below indicates that I agree to the conditions outlined in this application and verify that the information submitted by me is true.

_____________________________________________________ ______________________________
Applicant's Signature Date

_____________________________________________________
Printed Name

Office Use Only: Date/Time/Initials
Routing:
_______ LPC _______ 2017 Award Committee Chair _______ File