

### Simkin Center Leadership Fund Scholarship Application

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

E-mail \_\_\_\_\_

Phone \_\_\_\_\_  
Day Evening

Course Name and Number \_\_\_\_\_ Start Date \_\_\_\_\_

Please write your responses to the following clearly and legibly or type your answers and attach them to this form.

1. Please describe your plan to practice in a community (ethnic/racial, cultural, socio-economic, or geographic) currently lacking doula, childbirth educator, or lactation educator services.
2. Describe your connections to this community (personal connections, connections with social services, etc.). Include any skills that will help you serve this community (e.g. language skills, cultural understanding, and professional training).

3. Describe your experience with pregnant, birthing and postpartum women and families.
4. List two references (names, addresses, phone numbers) of people who can verify the information above. Please ask these people to mail a letter of reference on your behalf, addressing how you meet the criteria for receiving financial assistance.
  - 1.
  - 2.
5. Please provide any additional information about your situation relevant to your eligibility for financial assistance.

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Signature

Thank you for your interest in the Simkin Center for Allied Birth Vocations. Please submit all application materials by the deadline, at least 30 days prior to the start date of the course you wish to attend. Your application will be considered only when complete. Email, fax or mail to the address below:

Director, Simkin Center for Allied Birth Vocations  
Bastyr University  
14500 Juanita Dr NE  
Kenmore, WA 98028

simkincenter@bastyr.edu