



Lamaze®  
International

## Annual Conference Scholarship Application

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

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Lamaze International Member Number: \_\_\_\_\_ Member Expiration Date: \_\_\_\_\_

Have you ever been a recipient of a Lamaze International scholarship? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please indicate the year and type of scholarship (conference or childbirth educator program). \_\_\_\_\_

### PERSONAL STATEMENT

Please attach the following:

- Statement demonstrating financial need (please reference criteria on website).
- Outline your total budget for attending the Annual Conference and how you will finance the remaining fees, lodging, travel, meals and away from home expenses if you are the recipient of the scholarship.
- Description of your promotion of the Lamaze International mission and vision.
- Description of your plan to share your Annual Conference experiences and learning once you return home.

*By submitting this application you attest that all information is accurate and truthful.*

*If found otherwise, you are subject to disqualification from this award.*

*Should be awarded a scholarship and are later unable to attend the conference, you will be required to return the scholarship monies.*

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

### PLEASE MAIL COMPLETE APPLICATION PACKET TO:

Lamaze International  
ATTENTION: SCHOLARSHIPS  
2025 M Street, NW  
Suite 800  
Washington, DC 20036  
Fax: (202) 367-2128

### FOR ADMINISTRATIVE OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Reviewer: \_\_\_\_\_  Approved  Denied Check Mailed: \_\_\_\_\_