



Lamaze[®]
International

Lamaze Certification Exam Scholarship Application

Application Date: _____

PERSONAL INFORMATION

Name: _____
Home Address: _____
City: _____ State/Province: _____ Zip: _____ Country: _____
Home Phone: _____ Business Phone: _____
E-mail Address: _____

MEMBERSHIP INFORMATION

Lamaze Membership Number: _____ Membership Expiration Date: _____

EXAM APPLICATION INFORMATION

Have you completed a Lamaze Accredited Childbirth Educator Program: YES NO

If YES, please indicate name of the program: _____

Your Anticipated Exam Date: (select one) APRIL OCTOBER

APPLICATION COMPONENTS

The following items must be included with your application in order for you to be considered for a scholarship award:

- Statement demonstrating your financial need (must be at least 500 words)
- Statement describing your plans to promote the Lamaze Philosophy of Birth

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

If found otherwise, you are subject to disqualification from this scholarship

Signature: _____ Date: _____

PLEASE MAIL OR FAX YOUR COMPLETE APPLICATION PACKET TO:

Lamaze International
LAMAZE CERTIFICATION EXAM SCHOLARSHIPS
2025 M Street, NW Suite 800
Washington, DC 20036
Fax: 202-367-2128

*All applications must be received by the Lamaze Administrative Office no later than
January 31 for the Spring Scholarship Program or June 30 for the Fall Scholarship Program*

FOR ADMINISTRATIVE OFFICE USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____
Reviewer: _____ Approved Denied Check Mailed: _____