



Lamaze[®]
International

Lamaze Childbirth Educator Program Scholarship Application

Application Date: _____

PERSONAL INFORMATION

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

MEMBERSHIP INFORMATION

Lamaze Member Number: _____ Membership Expiration Date: _____

PROGRAM ENROLLMENT INFORMATION

Please Note: Program Enrollment pertains to those students who fully enroll in a Lamaze Accredited Childbirth Educator Program as a Traditional Candidate. Only students enrolled or planning to enroll in the full program are eligible for this scholarship.

Lamaze Accredited Childbirth Educator Program: _____
Date Enrolled or Planning to Enroll in Program: _____

APPLICATION COMPONENTS

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

- Statement demonstrating 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 CHILDBIRTH EDUCATOR PROGRAM SCHOLARSHIPS
2025 M Street, NW Suite 800
Washington, DC 20036
Fax: 202-367-2128

*All submissions must be received by the Lamaze Administrative Office on or before
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: _____