



777 Woodward Ave., Suite 700
 Detroit, MI 48226

1-888-437-0606
 TTY:711
 mimeridian.com

Doula Scholarship | Lactation Consultant Scholarship

First Name:	Last Name:
Address Line 1:	
Address Line 2:	
City:	State:
Zip Code:	County:
What Michigan county/counties would you utilize your certification in?	
Do you identify as a member of the LGBTQIA+ community?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	

What is your identified race/ethnicity? (Choose all that apply and enter additional details, as applicable)			
<input type="checkbox"/> African American	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Irish	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> English	<input type="checkbox"/> Israeli	<input type="checkbox"/> Nigerian
<input type="checkbox"/> Albanian	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Italian	<input type="checkbox"/> Palestinian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Polish
<input type="checkbox"/> Armenian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> French	<input type="checkbox"/> Korean	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Chamorro	<input type="checkbox"/> German	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Somali
<input type="checkbox"/> Colombian	<input type="checkbox"/> Haitian	<input type="checkbox"/> Mexican/Mexican	<input type="checkbox"/> Syrian
<input type="checkbox"/> Congolese	<input type="checkbox"/> Iranian	American	<input type="checkbox"/> Tongan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Prefer not to answer			



Which scholarship are you applying for?

- Birth Doula Lactation Consultant

Which entity would you be getting your certification through?

- Birth Doula: Childbirth International LifeSpan Doula ProDoula
 BirthWorks International CAPPa DONA ICEA

Lactation Consultant: _____

What inspired you to become a Birth Doula/Lactation Consultant?

How will this scholarship help you reach your goals?

How do you plan to serve your community with this scholarship?

What is your vision for improving maternal health outcomes through your work as a Birth Doula/Lactation Consultant?



Attestation

Upon submission of this application, I attest that I understand the following:

- This scholarship can only be awarded once per lifetime
- Scholarship funds must go towards tuition, exams, textbooks, or other course-related expenses
- Receipts/proof of purchase must be submitted to the health plan timely via CommunityGrantProgram@mimeridian.com
- Once certification is obtained, this must also be sent to the health plan via CommunityGrantProgram@mimeridian.com
- If either of the above are not complete, the award must be repaid within 6 months
- Meridian maintains the right to modify or discontinue this program at any time. Funding for this program will not exceed budgeted amounts

Agree **Do Not Agree**