



## **Building Perinatal Support Professionals**

### **SCHOLARSHIP PROGRAM**

The Building Perinatal Support Professionals Project will help 20 selected participants to become a Certified Childbirth Educator (CBE) or a Certified Birth Doula. Scholarships will be awarded to the applicants who best meet the requirements set forth by the Selection Committee.

The Selection Committee will review and score all submitted applications. Applicant's references may be contacted by telephone. Finalists will be invited to participate in an in-person interview. The scholarship recipients will be notified by May 4<sup>th</sup>, 2018.

### **Guidelines for the Building Perinatal Support Professionals Scholarship Program**

Scholarships are open to applicants that meet the following guidelines:

1. 18 years or older
2. Strong interest in working with childbearing families
3. High School Diploma/GED
4. Must not have been previously certified as a CBE, Birth Doula, or Postpartum Doula
5. Must reside in one of the following counties: Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Paulding, and Rockdale
6. Must agree to attend a minimum of 4 out of 6 bi-monthly training sessions.
7. Must be able to attend 1 of 2 options for ICEA or DONA credentialing workshops
8. Applicant must demonstrate commitment to becoming a credentialed childbirth educator or doula within the 12 month time period
9. Cohort members cannot be staff members of HMHB and/or collaborating organizations.

**All applications and supporting documents must be received no later than April 2, 2018.**

Completed application form can be emailed to:

**Mica Whitfield**  
**Program Coordinator**  
**Healthy Mothers, Healthy Babies Coalition of Georgia**  
**678-302-1130**  
**Email: [mica.whitfield@hmhbga.org](mailto:mica.whitfield@hmhbga.org)**



## Building Perinatal Support Professionals APPLICATION

### INSTRUCTIONS:

1. All questions must be answered. Incomplete applications will be disqualified. Please use N/A to indicate unable to answer. Leave no blanks.
2. Applications may be typed or NEATLY handwritten
3. Attach additional sheets as needed for questions 9-13.
4. Applications must include the following:
  - Complete Application form
  - Three references with complete contact information for each (on application form)
  - A current resume (if you have one)
5. Applications must be received by **April 2, 2018**.

Please email completed applications to:

**Mica Whitfield**  
**Program Coordinator**  
**Healthy Mothers, Healthy Babies Coalition of Georgia**  
**678-302-1130**  
**Email: [mica.whitfield@hmhbga.org](mailto:mica.whitfield@hmhbga.org)**

6. Successful applicants will be notified on or before May 4, 2018. Selected applicants will receive an interview request prior to notification.

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# HEALTHY MOTHERS, HEALTHY BABIES

Coalition of Georgia

## Scholarship Application Form

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Race/Ethnicity:  Black  White  Asian  Hispanic/Latino  Other
4. Gender:  Female  Male  Other  Gender-Neutral
5. Average Monthly Income: \_\_\_\_\_
6. List the schools you have attended (starting with high school):

School	Diploma/ Degree	Completed Y/N

7. Which profession are you interested in:  Birth Doula  Childbirth Educator
8. Current employment status?  Employed Part-time  Employed Full-time  Unemployed

**On a separate sheet of paper please answer questions 9-13 in 200 words per question**

9. *Why do you want to become a doula or childbirth educator?*
10. *Briefly share your work, education, and/or personal experience relevant to becoming a childbirth educator or doula.*
11. *Share why you think doula care and/or childbirth educators are important.*
12. *If selected, what communities/special populations do you seek to serve?*  
*Why do you seek to serve this community?*  
*What is your plan once credentialed?*  
 Community Health Worker  Work in a hospital  Start a birth doula or CBE business  
 Work w/Home Visitor Program  Independent contractor  Other: \_\_\_\_\_
13. *Tell us about the last time you completed a lengthy project/process. What skills did you use to complete the goal?*



**HEALTHY MOTHERS,  
HEALTHY BABIES**

Coalition of Georgia

**Scholarship Application Form, page 2**

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

10. Do you have reliable transportation to get to the Atlanta area for trainings?

Yes  No  Unsure

11. Please supply three personal references-other than relatives (i.e., teachers, pastor, long time personal friends).

Name	Relationship	Phone	Email

12. Applicant's signature and contact information:

\_\_\_\_\_

*Applicant's Signature*

*Date*

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
Phone / \_\_\_\_\_

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

***Please complete entire application. Use N/A if appropriate.***



# HEALTHY MOTHERS, HEALTHY BABIES

*Coalition of Georgia*