**IBCLC Exam Fee and Education Scholarship Application**

*Please check (one) for which program you are applying:*

Exam Fee: \_\_\_\_\_ Education: \_\_\_\_\_

*This scholarship program is reserved for people who are working toward their IBCLC and identify as being a part of a marginalized population or serving a marginalized population. By applying, you are indicating that you identify this way.*

I agree: \_\_\_\_\_\_ (please initial)

*Should I be awarded a scholarship and need to request a partial refund for any reason prior to taking the exam, or not complete/attend the education program for which I am enrolled, I will fully and promptly reimburse COBA accordingly.*

I agree: \_\_\_\_\_\_ (please initial)

**PERSONAL, EMPLOYMENT and PROFESSIONAL INFORMATION**

Date: Name:

Phone Number:

Street Address:

City: State: Zip:

Email Address:

Place of employment/title:

What percent of your time do you spend working with breastfeeding families?

Have you worked with breastfeeding families at a previous employer?

Please list any community initiatives that you have participated in that focused on protecting, promoting and supporting breastfeeding:

Do you have a demonstrated financial need? Please explain. You may be asked to verify income with a current paystub.

IBCLC First Time Exam OR Recertify?

**RECOMMENDATION**

Please enclose a letter of recommendation (one page double spaced maximum) from a supervisor, instructor, IBCLC colleague.

**IBCLC GOALS**

Please submit a short essay (300 words or less) outlining why you have chosen to be an IBCLC and how this scholarship would impact you and the communities in which you serve.

How do you plan to use certification as a board certified lactation consultant?

**AFFIRMATION**

I hereby affirm that all the information provided is true. Any false statement will forfeit the award.

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

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

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

PLEASE EMAIL TO: info@okbreastfeeding.org

A. Scholarship Application

B. Letter of Recommendation

C. List of Breastfeeding Education Courses/Lactation Hours Completed" (exam scholarship)

D. List of Breastfeeding Education Courses Enrolled (education scholarship)

E. Proof of exam registration (if already registered)

F. Essay

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