

Scholarship Application

This scholarship is intended for professionals or aspiring professionals who work with underserved or at-risk populations. These populations include, but are not limited to, women and families who are economically disadvantaged, disabled, homeless, racial and ethnic minorities, persons with low literacy, victims of abuse, teenage mothers, and those who encounter barriers to accessing primary health care services (e.g., economic, cultural, and/or linguistic).

If you work with one or more of these populations and believe you may qualify for a scholarship, please fill out and submit the application below. Natural Abundance offers a set number of scholarships per school year. All scholarship applications must be submitted by August 1 (for fall start) or January 1 (for spring start); decisions will be made by August/January 15.

Scholarship amounts vary with the amount of money available in the scholarship fund and the number of applicants funded. Awards are typically in the range of \$200-\$500. Funds may only be used for the next upcoming registration date. Scholarship awards may not be transferred to other terms or other programs.

Once scholarship decisions have been made, you will be contacted by email and will have until August/January 25 to notify Natural Abundance of your acceptance of the scholarship. If you choose not to accept the scholarship, it will be offered to the next person on the waiting list. Reapplication will be necessary if you wish to be considered for a future term.

ANSWERS MUST BE TYPED into this document and completed application submitted by email to info@naturalabundance.me. Handwritten answers, partially completed applications, and applications submitted by any other method (including U.S. mail, text message, or shared Google Doc) will NOT be accepted.

First and Last Name: _____

Date of Application: _____

Email Address: _____

Phone Number: _____

Website (yours or the organization you work with): _____

Any other trainings, certifications, licenses, or experience in the birth or wellness fields: _____

Answer the following questions fully and completely. Please give your well thought out responses in at least 3 sentences.

1. Why do you want to take this training? Why do you think this type of work is a good fit for who you are and what you do?

2. Describe your current role in the at-risk or underserved community. (Please list *specific* local organizations, connections you have, examples of the work you do or have done, or names of places you intend to contact in order to work with their clients.)

3. In general, how do you see wellness professionals supporting social change in the community you described in question #2?

4. Specifically, how do you plan to use the knowledge and expertise you gain from this PWP certification with the population you serve?

5. Please list two references we may contact who know you well and have seen you work in a professional and/or service-oriented capacity. You must notify your references and let them

know we will be contacting them regarding your application. References may not be family members.

Name: _____

Relationship: _____

Phone: _____

Email: _____

Name: _____

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Phone: _____

Email: _____