

APPLICATION FOR FINANCIAL ASSISTANCE

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone \_\_\_\_\_  
Day \_\_\_\_\_ Evening \_\_\_\_\_

Course Name and Number \_\_\_\_\_ Start Date \_\_\_\_\_

Applying for \_\_\_\_\_ Work Exchange \_\_\_\_\_ Partial Tuition Waiver \_\_\_\_\_ Either

Please write your responses to the following questions clearly and legibly or type your answers and attach them to this form.

1. Please describe your plan to practice in a community (racial, cultural, socio-economic, or geographic) currently lacking doula, childbirth educator, lactation support services.

2. Describe your connections to this community (personal connections, connections with social services, etc.). Include any skills that will help you serve this community (e.g. language skills, cultural understanding, and professional training).

3. Describe your experience with pregnant, birthing and postpartum women and families.
  
  
  
  
  
  
  
  
  
  
4. List two references (names, addresses, phone numbers) of people who can verify the information above. **Please ask these people to mail a letter of reference** on your behalf to SMS, addressing how you meet the criteria for receiving financial assistance (see <http://www.seattlemidwifery.org/simkin-school/financial-assistance.html>)
  - 1.
  
  
  
  
  
  
  
  - 2.
  
  
  
  
  
  
  
  
  
  
5. Please provide any additional information about your situation relevant to your eligibility for financial assistance.

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Signature

Thank you for your interest in Seattle Midwifery School. Please submit all application materials by the course Payment Deadline to:

Director, Simkin School for Allied Birth Vocations  
Seattle Midwifery School  
4000 NE 41<sup>st</sup> St, Building D, Suite 3  
Seattle WA 98105

e-mail [info@seattlemidwifery.org](mailto:info@seattlemidwifery.org)