|  |
| --- |
|  |

******

***Mission Statement***: To work towards transformation of breastfeeding culture in Appalachia by providing empowerment and education to increase access to care.

**Scholarship Information, Rules and Requirements**

* ABN provides scholarships for those seeking to cover registration fees for a breastfeeding conference, breastfeeding education course (i.e. CLC, CLS, etc.), or IBLCE exam fees.
* The number of scholarships offered each year depends on the number of applicants, the need, and what ABN funds allow. A minimum of (2) two scholarships will be awarded annually.
* Award will be used for registration and other applicable costs at a maximum of $1,000.
* Priority will be given to those that show the most need and live in an Appalachian county in any of the following Appalachian states: Ohio, West Virginia, New York, Pennsylvania, Maryland, West Virginia, Virginia, North Carolina, South Carolina, Georgia, Alabama, Tennessee, Mississippi, Kentucky. However, all applicants will be considered.

**Award**:

* Scholarships are an award for conference registration fee, breastfeeding course registration fee, or IBLCE exam fees. If you have other applicable costs such as hotel, mileage, air, or food, please include this request in the scholarship application. The maximum amount we will award will be **$1,000**. The recipient will be informed of his/her award via e-mail with an announcement on social media/e-mail shortly thereafter. The recipient will then be responsible for all other fees occurred i.e. mileage, hotel, food, etc. if the scholarship application and award does not specifically indicate. The recipient must use the award in a 12-month period from receipt. If unable to use the scholarship by the 12-month mark, please inform ABN in writing at [appalchianbfnetwork@gmail.com](mailto:appalchianbfnetwork@gmail.com) as soon as knowledge of change in attendance standing. Hardship situations will be given priority, however will not be the only factor discussed when reviewing applicants. Merit of the scholarship nominee will also be weighted highly.

**Eligibility:**

* Applicants must be ABN members. ABN membership is $20 and gives you membership through September 30, 2019. Checks may be mailed to “Appalachian Breastfeeding Network, 620 Shoestring Ridge Road Gallipolis, OH 45631”
* Applicants must meet one (1) of two (2) criteria: (1) Applicant must be a breastfeeding peer counselor/helper or (2) Applicant must be BIPOC (Black, Indigenous, Person of Color)
* Priority will be given to those with a hardship, with merit also taking a strong weight on decision.

**Application:**

* Make sure application is complete—the application certification form needs to be included.
* Email completed application and supporting documents in **one email**, except for letters of reference.
* E-mail a short bio and photo of yourself with the application – applications are incomplete without the bio/photo.
* 2 letters of reference should be emailed with the subject line
  + **ABN letter of reference for (your full name)**
  + Applications and reference letters should be submitted to appalachianbfnetwork@gmail.com
* Scholarship applications will be an acknowledged by email. If you have not received an e-mail back within 48 hours, please e-mail Stephanie Carroll, ABN President, at [wicmom1129@gmail.com](mailto:wicmom1129@gmail.com) to check the status of your application.

**Selection:**

* ABN’s Executive Board will determine who will be awarded a scholarship, which also means Executive Board members are ineligible for scholarship.
* Scholarship recipients will receive an email or letter with scholarship details after the announcement at the Annual Appalachian Breastfeeding Conference.
* A brief summary of the winners and their scholarship application may be announced at the annual conference, announced on social media, or posted on the ABN website, your application gives ABN permission to use your bio and photo for announcement.
* All scholarship winner decisions are final.

**All completed applications, together with all necessary supplemental documents, must be received by August 31, 2018.**

**Letters of reference must be sent from the email address of the person supplying the reference, not the applicants email address.**

**All completed applications and supporting documentation should be sent to:**

[appalachianbfnetwork@gmail.com](mailto:ohiolactationconsultantsassn@gmail.com)



**Application:**

 Applicants applying for scholarship for which of the following reasons:

\_\_\_\_\_\_ Financial Hardship

\_\_\_\_\_\_ Employer Unable to Reimburse

\_\_\_\_\_\_ Student

\_\_\_\_\_\_Other; please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you a 2018 member of ABN?\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and E-mail of Reference

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions on a separate typed document.**

* Please state what you are requesting for the ABN scholarship to be used.
* Please state why you would like an ABN scholarship for the intended use (ex. Why do you want to become an IBCLC? Why do you want to attend specified conference? Etc.)
* How will your request help you personally or professionally?
* In what way(s) are you passionate about helping women in the Appalachian region?
* In what way(s) have you been helping to transform Appalachian breastfeeding culture by providing empowerment and education to increase access to care?
* If you are a breastfeeding peer, tell us in what ways you are transforming breastfeeding culture as a peer.
* If you are a BIPOC (Black, Indigenous, Person of Color), describe how you are working towards transformation of breastfeeding culture within your culture.
* Will your employer make a contribution towards this request?
* Will you be able to cover the other expenses associated with the request if the registration is covered? \*Note: we will pay for travel expenses related to the request up to the maximum of $1,000 per person.

**APPLICANT'S CERTIFICATION**

I believe myself eligible for and hereby make application to receive one of the scholarships administered by the Appalachian Breastfeeding Network (ABN). I certify that I understand any falsification on my application will disqualify me. Failure to follow all instructions on my application with render the application incomplete. I understand that the scholarship recipients are at the will of the ABN Board and the scholarship is to be used within 12 months of receipt.

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_  
  
**2/2018**