|  |
| --- |
|  |

******

***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 our annual conference.
* The number of scholarships offered each year depends on the number of applicants and the need.
* Award will be used for conference registration only, applicant would be responsible for travel expenses such as mileage, hotel, and food (if applicable).
* Priority will be given to those that show the most need. However, all applicants will be considered.

**Award**:

* Scholarships are an award for conference registration fee only. The recipient will be informed of their award via e-mail with a 100% discount code to register for the conference. The recipient will then be responsible for all other fees occurred for this specific conference i.e. mileage, hotel, food, etc. The recipient must use the award for the current year’s conference. If unable to attend, 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.

**Eligibility:**

* Applicants must be ABN members at the time of conference. ABN membership is $20 and gives you membership through September 30, 2021. Memberships paid after October 1, 2021 will be valid until September 30, 2022. Membership may be purchased here: https://www.appalachianbreastfeedingnetwork.org/full-membership.html
* Applicants must be attending the Appalachian Breastfeeding Conference on October 22, 2021 or intend to watch the recorded version after the conference date.
* Priority will be given to those with a hardship. Please recognize this in your response essay.
* Applicants may apply for a scholarship for any reason. We encourage those that are unsure whether employers will fund the conference fee to apply for a scholarship.

**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.
* 1 letter 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 Hutchinson, 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.
* Scholarship recipients will receive an email or letter with discount code instructions.
* 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.
* All scholarship winner decisions are final.

**All completed applications, together with all necessary supplemental documents, must be received by August 31, 2021.**

**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 (reminder: we do offer a student discount, see website)

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

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

Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you a 2021 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 why you would like to attend the Appalachian Breastfeeding Conference.
* 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?
* Will your employer make a contribution towards this conference?
* Will you be able to cover the other expenses associated with the conference if the conference fee is covered?

**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 is at the ABN Board approval and to be used for this year’s conference only.

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_  
  
**4/2021**