

ICEA Scholarship Application

Directions: Please complete this questionnaire and answer to the best of your ability. Completing this application is the only way to be considered for scholarship funds from ICEA. If you have questions or concerns about what is being asked, feel free to reach out to the Scholarship Committee at treasurer@icea.org, or to the ICEA office at info@icea.org.

Applicant Full Name: _____

Applicant Address: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Date of Application: _____

Demographic Information

Please note these responses are optional.

- Ethnic origin: Please specify your ethnicity.
 - ☐ White
 - ☐ Hispanic or Latino
 - ☐ Black or African American
 - ☐ Native American or American Indian
 - ☐ Asian/Pacific Islander
 - ☐ Other

- Age: Please select your age range:
 - ☐ 18-24
 - ☐ 25-34
 - ☐ 35-44
 - ☐ 45-54
 - ☐ 55-64
 - ☐ 65-74
 - ☐ 75 or older

- Education: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

- Nursery school to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Scholarship Questions

- Please circle the program related to the scholarship you are applying for.
 - Childbirth Educator certification program
 - Birth Doula certification program
 - Post-partum Doula certification program
 - Other. Please specify.
- If you are applying for a scholarship towards a certification program, have you already completed the ICEA Workshop for that program? If so, please indicate the date and location of the workshop you attended (or indicate online workshop).
- Explain your anticipated timeline for completing the program you are applying for.
- Provide a statement demonstrating your financial need. What is your financial need, specifically?
- Which ICEA certifications do you hold now or have held in the past?



- Indicate below any other relevant certifications you hold from another organization. Please include organization name and approximate date of certification.
- ICEA has adopted the Core Values of Compassion, Collaboration, and Choice. In your words describe what these values mean to you and your role as a birth professional.
- Please list any birth-related work and/or volunteer experience.
- How could your ICEA certification to benefit your community?
- There are many volunteer positions within ICEA which allow for professional development (examples: blog writers, conference presenters, committee members, etc.). As a scholarship recipient, how would you give back to ICEA?
- What is your primary language? This helps ICEA to reach out to additional resources if this application is not in English.
- Do you give ICEA permission to publish your name (newsletter, website and social media) and a picture upon receipt of a scholarship? Please select one.



- ☐ YES
- ☐ NO

References

Please provide contact information for two professional or personal references below. Once this application and your two reference letters are received, your application will be reviewed by the committee and a decision will be made within 30 days.

Reference Full Name: _____

Reference Email Address: _____

Reference Phone Number: _____

Reference Full Name: _____

Reference Email Address: _____

Reference Phone Number: _____

Note: ICEA offers a mentorship program. Upon receipt of a scholarship, the scholarship committee will pair you up with a mentor. ICEA will introduce you to each other and then you can use that contact to help you with your ICEA journey.

Please Return this completed document to treasurer@icea.org and info@icea.org.