

Dallas Lactation Consultant Association/Dallas Area Breastfeeding Alliance
(DLCA/DABA)

Scholarship Application
for the
International Board Certified Lactation Consultant (IBCLC) Exam

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address (please PRINT): _____

EMPLOYMENT INFORMATION

Place of employment/title: _____

What percent of your time do you spend working with breastfeeding families? _____

Have you worked with breastfeeding families at a previous employer? _____

PROFESSIONAL INFORMATION

Are you a member of (circle all that apply): DABA/DLCA ILCA USLCA TxBC

Other professional membership/s: _____

COMMUNITY BASED HISTORY

Are you a member of a community based volunteer organization? _____

In what capacity did you serve? _____ For how long? _____

Please list any community events that you have participated in that focused on protecting, promoting and supporting breastfeeding: _____

RECOMMENDATION

Please enclose a letter of recommendation (one page double spaced maximum) from a nurse supervisor, instructor, IBCLC co-worker or La Leche League Leader.

IBCLC GOALS

Please submit a short essay (300 words or less) outlining why you have chosen to be a lactation consultant and how this scholarship would impact you. Please also provide a short answer to each of the following questions:

- 1 How do you plan to use certification as a board certified lactation consultant
- 2 If you are/were a breastfeeding mom, very briefly describe your personal experiences.

AFFIRMATION

I hereby affirm that all the information provided is true. Any false statement will forfeit the award.

Printed Name: _____ Signature: _____

Date: _____

PLEASE EMAIL TO: KarenStanzo@yahoo.com

- A. Scholarship Application
- B. Letter of Recommendation
- C. List of Breastfeeding Education Courses/Lactation Hours Completed
- D. Essay

Please Check One:

- Initial Exam
- Recertification Exam

www.dallasbreastfeeding.org

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