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:				
PROFESSIONAL INFORMATION				
Are you a member of (circle all that apply): DABA/DLCA ILCA USLCA Other Professional membership/s:				
COMMUNITY BASED PLAN AND HISTORY				
Are you a member of a community based volunteer organization?				
RECOMMENDATION				

<u>Please enclose</u> a letter of recommendation (one page double spaced maximum) from a nurse supervisor, instructor or IBCLC co-worker.

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:

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

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<u>AFFIRMATION</u>					
I hereby affirm that all the information provided is true. Any false statement will forfeit the award.					
Printed Name:	Signature:				
	Date:				
PLEASE EMAIL TO: DallasLCA1991@gmail.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					
vww.dallasbreastfeeding.org	Follow us on Facebook				





