



Birthingway College of Midwifery  
12113 SE Foster Road  
Portland, Oregon 97266  
503-760-3131

## Labor Doula Scholarship Program Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am applying as a member of the \_\_\_\_\_ community.

**OR**  
I speak \_\_\_\_\_ as a first language and English as a second.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Describe why you are interested in becoming a doula.

What is your previous experience with the community you plan to support?

How do you plan to bring doula work into your community?

**Character References**

Name and Address

Phone Number

Relationship

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience (most recent first):**

Employer

Job Description

Dates

**Educational Background:**

Institution (including High School)

Dates attended

Degree/Diploma

This program is for persons who wish to serve as Labor Doulas in their traditional communities as defined by Birthingway's Scholarship Labor Doula policy. If you are awarded this scholarship, you will be notified and scheduled to attend one of Birthingway's Labor Doula Workshops. If you commit to this scholarship, you agree to complete the workshop, immediately enroll in the practicum and attend and document five births serving women in your community as a volunteer during your Birthingway Doula training. Your certification is good for 2 years. The scholarship covers the cost of half of Birthingway's Labor Doula workshop and half the cost of the Labor Doula Practicum Program . It does not include the cost of class materials (including late registration fees and materials fee). The Certification fee is waived for scholarship applicants if the practicum is finished in one year. You are responsible for attending the workshop, paying the workshop registration and materials fee, and serving as a volunteer Doula for 5 births (as mentioned above). By signing below, you agree to these conditions and verify that the above information you have given is true.

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Signature

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Date

**Please submit this application to:**

Birthingway College of Midwifery  
12113 SE Foster Rd.  
Portland, OR 97266  
503.760.3131 or [sadie@birthingway.edu](mailto:sadie@birthingway.edu)

Revised 5/11/11