



NATIONAL CONGRESS OF BLACK WOMEN, INC.

Houston Metropolitan Chapter

DOULA SCHOLARSHIP APPLICATION

**SCHOLARSHIP NAME: NCBW-HOUSTON METROPOLITAN CHAPTER
DOULA SCHOLARSHIP**

Mission: To help improve the lives of Black women in our community and support “Black Women and Maternal Health”. **Form is desk and lap-top friendly.**

Applicant Name			
Email		Cell #	
Residential City		Date of Application:	

Criteria: Double click in the gray-shaded criteria boxes to “default value”, select checked and OK to acknowledge agreement.	
<input type="checkbox"/>	Dedicated to advocating for Black mothers-to-be
<input type="checkbox"/>	Must be a resident of the Houston Texas Metropolitan Area and agree to maintain residence for at least 1 year after completion of training. Houston Metropolitan defined as the following counties. Harris, Ft. Bend, Brazoria, Montgomery, Galveston.
<input type="checkbox"/>	GED/High School Diploma – some college preferred. Name of School:
<input type="checkbox"/>	Agree to complete training within 90 days of receiving scholarship
<input type="checkbox"/>	Write a 150–350-word essay below describing interest in becoming a birthing doula. Email completed application to ncbw.hmc@gmail.com . Please include in your essay answers to the following: <ul style="list-style-type: none"> • Introduce yourself to NCBW. Tell us about yourself and what draws you to birth work? • What excites you most about the role of a Birthing Doula? • How do you see yourself creating change through birth work? • What is your long-term commitment in being a Birth Doula?
Signature:	Date:

Use space below for essay. Attach additional sheet if needed.