**Alaska Breastfeeding Coalition 28th Annual Breastfeeding Conference**

**“Shakin it Up!” Scholarship Application**

Thanks to the generous support of the Alaska Breastfeeding Coalition (ABC), a limited number of awards are available to support Alaska Native lactation or maternal and young child health workers' participation in this year’s conference. The vision of the Alaska Breastfeeding Coalition is to provide support to talented and dedicated individuals who are new, emerging, or aspiring breastfeeding leaders, actively promoting maternal and child health, and breastfeeding support in their communities.

Individuals who are actively involved in collaborative efforts to support breastfeeding in underserved Native communities are encouraged to apply**.** Additionally, preference will be given to applicants who have never attended an ABC Conference and for whom attendance may not be possible without this support. To apply for the scholarship, you must be an Alaska Breastfeeding Coalition member, and you must live and work in Alaska. The coalition membership fee is only $10, and you may join by following the link on our website http://alaskabreastfeeding.org

**Application and Selection Process**

1. Applications must be received by the stated deadline; March 1st, 2020, for the April 2020 conference. Late applications will not be accepted. Applications will be acknowledged when received via email: membership@alaskabreastfeeding.org
2. We prefer that you type your application in this document, but if you need to fill it in by hand please print legibly and sign by hand rather than electronically.
3. The Alaska Breastfeeding Coalition (ABC) Scholarship Committee will review all applications and select recipients based upon set criteria.
4. All applicants for the ABC scholarship will be notified of the decision of the committee no later than March 9th of 2020.
5. Recipients of the scholarship must attend the conference in the year in which the scholarship is awarded. Scholarships are not transferrable.
6. Awarded monies are not meant to cover the entirety of the expenses which may be incurred by an attendee, but only to assist in making attendance more affordable for members in need, who might otherwise not be able to attend.

**Awardees for the Alaska Breastfeeding Coalition scholarship are selected in accordance with the following award criteria.**

1. Is the applicant actively involved in a breastfeeding committee or similar activity focused on

serving Alaska Native or underserved/ resourced populations?

2. Is the applicant a new, emerging, or aspiring leader within these

breastfeeding coalition(s) or in the community?

3. Is the applicant working in an underserved area of Alaska (breastfeeding rates that are below the U.S. national rate)?

4. Would this be the applicant's first time attending an Alaska Breastfeeding Coalition Conference?

5. Would the applicant be able to attend without the financial support of the

award?

6. Does the applicant have well-developed plans for sharing and building on

what is learned through the Alaska Breastfeeding Coalition conference and networking opportunities?

**Application**

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| **Please complete the following application information:**  Name:  Mailing Address:  City:  AK  Zip:  Best telephone number:  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a member of the Alaska Breastfeeding Coalition? \_\_\_Yes \_\_\_No. Since: \_\_\_\_\_\_\_\_\_ |
| **Please answer the following questions as completely but concisely as possible:** |
| 1. Please describe your Alaska Native background.  Tell about your activities on committees or other activities serving Alaska Native communities. |
| 2. Provide a description of both your past and your present job(s) or volunteer position(s). Include your roles as leader, your involvement in breastfeeding related activities (including length of involvement), and goals. |
| 3. Please describe the community that you serve. |
| 1. How many Alaska Breastfeeding Conferences have you attended in the past? How many other breastfeeding trainings have you attended? Please describe. |
| 1. a. What other means of support to attend this conference do you have? (Do you have additional resources that are available to help you access this conference, please describe?)   b. Please give a budget for your needs to attend this conference: |
| 1. How do you plan to share and build on what is learned through attendance of this conference? |

**Please initial the following statements, and sign the form electronically prior to submission:**

\_\_\_\_\_ By completing and signing this application, I am attesting that the statements I have made are true. If I am awarded the scholarship, I agree to register for and attend the conference in the same year or repay any monies paid by the ABC on my behalf.

\_\_\_\_\_ I hereby give my permission to the ABC Scholarship Committee members to make further inquiries and/or to request my attendance via telephone to answer further questions they may have in relation to my application.

Name (Last, MI, First):

Signed: Date: