

Application for San Diego Breastfeeding Coalition Lactation Scholarship

***Copy and paste this application into a WORD or PAGES document, and email it as an attachment to n1white@health.ucsd.edu .**

Name:

Phone:

Cell Home

Email:

Address:

Select Desired Program:

Lactation Education Counselor ____

Lactation Consultant Pathway 1 ____

Lactation Consultant Pathway 2 ____

Languages Spoken Fluently:

Education (include dates):

Credentials:

Work Experience (include dates):

Volunteer Experience (include dates):

Other skills:

- **Briefly explain your plans for the future:**
- **Provide a detailed account of how you plan to use the knowledge and skills you will gain as a Lactation Educator Counselor (LEC) or a Lactation Consultant:**
- **Explain how you are suited to providing breastfeeding support to the population that you would serve:**
- **Explain how you would promote interest in learning about breastfeeding amongst your coworkers or community:**

If you would use your Lactation Educator Counselor or Lactation Consultant knowledge and skills in your current place of employment, please also attach a letter of recommendation from your employer. This letter should address:

- **Why you are a good candidate for this scholarship.**
- **What opportunities you will have to use the knowledge and skills that you will gain from becoming a Lactation Educator Counselor or a Lactation Consultant.**
- **How this fits with your organization's goals to support breastfeeding.**