



Scholarship Application for CARE Training Year 2019

A. Personal Information

Name:	
Current Address	
Phone:	
E-mail Address:	
Date of Birth:	

B. Education

Natural Childbirth institution you will attend this year—Website address: _____

Name of organization: _____ Name of program: _____

Part-time: Full-time: Total # of CE Units or Credits: _____

Graduation Date (expected): _____ Expected Outcome: **Choose options below**

Graduate: Certification: Diploma: License: Credits only

Provide additional explanation here: _____

Colleges and High Schools Attended (please list most recent first):

Name	Dates	Major	Degree	GPA

Honors, Awards, Grants, and Scholarships:

Name of Award	Date	Additional Information

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Extra-curricular or other school-related activities (include clubs, positions held):

Academic Plans and Goals:

Special Interests and Skills:

Intended CARE Community Involvement: Example = Support & prayer, actively joining CARE social media groups, participation in NOTE Research Group to help further the CARE Mission, etc.

C. Employment

Employment History (please list most recent first):

DATES	EMPLOYER	CITY/STATE	POSITION

D. References

(1) **Academic** (300 words min. on letterhead from midwifery/doula training faculty—*Please attach*)

Name:	
Position:	
Institution/Agency:	
Phone/E-Mail:	

Initials

(2) Personal (300 words or more including letterhead from CARE or YL Business—*Please attach*)

Name:	
Address	
City, State, Zip:	
Phone:	
CARE Credentials and/or YL Distributor # and Level	

E. Personal Statement (*Please attach*)

One personal statement is required. Please submit a double-spaced typed statement which details your intended contribution and involvement in the CARE (Center for Aromatherapy Research & Education International) community or your contributions as a user of therapeutic grade essential oils. Discuss your plans for continued involvement with CARE International following the CARE training, and with NOTE Research Group as part of its SMART (Support Ministry for Advanced Raindrop Technique) program in support of CARE International. Discuss your thoughts and plans for future involvement/activism relative to your education and/or career, your career goals, how your upcoming academic activity will further these goals and what you will do with this education. (Suggested length: 300 words).

F. Financial Need Statement

Please describe your financial situation and your need for this scholarship. List your means of supporting yourself, other forms of financial assistance you expect to receive, and other relevant background and current information. Explain any special financial circumstances or discounts applicable toward this training experience with CARE.

G. Applicant’s Statement

I certify that I am in need of the NOTE Research Group Scholarship to continue my education and training at this time. If granted, I understand the funds will be paid directly to the CARE Instructor whose training I have chosen to attend.

I also understand that misrepresentation of facts called for on this application will eliminate me from further consideration, and if awarded the scholarship, will be cause for revocation of same. I agree to inform NOTE in the event that **a)** funds not reported on this application become available to me, **b)** my education program is interrupted or terminated, **c)** my current address or telephone number changes, or **d)** my specialization/career path changes.

If I am awarded the NOTE Research Group Lee Stewart Natural Childbirth scholarship, I agree to submit within a week of the conclusion of the training a) a report on how I believe the training has affected/will affect my career, and b) a transcript from the education institution/s attended during the scholarship year.

I understand I must purchase and review the book *Safe Alternatives in Childbirth* by Dr. David and Mrs. Lee Stewart, for whom this scholarship is named, and submit a summary statement (300 words) about the book to NOTE Research Group in order to release my scholarship. [NOTE: THE \$12.95 BOOK CAN BE FOUND IN THE CARE BOOKSTORE.]

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I understand all applications and materials become the property of NOTE upon submission and that, at any time, NOTE may publish portions of my essay, without my name (or including my name with written permission), in promotional materials.

Please check one (This will have no bearing upon scholarship consideration):

I am proud to grant permission to NOTE to publish my name and/or likeness when publicly announcing scholarship winners

I would prefer NOTE NOT publish my name and/or likeness when publicly announcing scholarship winners

Date: _____

Signature: _____

(scholarship applicant)

Signature: _____

(parent or legal guardian if under 18)

Initials