



WISCONSIN GUILD OF MIDWIVES

QUEER, BLACK, INDIGENOUS & PEOPLE OF COLOR (QBIPOC)

GRANT APPLICATION FORM

Instructions:

1. Please print the following information clearly. If this form is incomplete, inaccurate, or not signed, it will not be considered. Please carefully read the QBIPOC Grant guidelines posted on the WGOM website.
2. Turn in completed application, with applicable signature, to Sasha Bariffe, grant administrator. Applications may be submitted by e-mail to Sasha@PrismBirth.com, or mailed to the following address: Sasha Bariffe, LM, 925 W Holt Ave. Milwaukee, WI 53201.
3. Please submit a new application for each grant request.
4. If you are not a current WGOM member, please submit your application for membership with this scholarship application. This can be accessed on [the WGOM website](#).

Personal Information

Applicant Name: _____ Pronouns: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Current WGOM member? Yes No

QBIPOC student midwife or 1st-year QBIPOC Licensed Midwife? Yes No

If you are a student midwife, do you hold a TPH and are you enrolled in a midwife education program or the North American Registry of Midwives Portfolio Evaluation Process (PEP)? Yes No

Please briefly state why you are applying for this scholarship:

Please state the scholarship amount requested: _____

I certify that the statements herein are true to the best of my knowledge and give permission for the information contained herein to be shared with WGOM board members.

NAME

SIGNATURE

DATE

WGOM Use Only:

WGOM Fund Administrator:

NAME

SIGNATURE

DATE

Grant Amount Recommended: _____

WGOM Board Use Only:

WGOM Board Representative:

NAME

SIGNATURE

DATE

Grant Amount Awarded: _____