



Southern Oregon Birth Connections

2019 Financial Aid Fund Application

“Empowering women through informed choice”

The Southern Oregon Birth Connections Financial Aid Fund provides opportunities for families in Jackson or Josephine counties, who are in need of financial support to access prenatal, birth, and postpartum services. The goal of this program is to support families in gaining access to services in our region’s communities. To be eligible for the Southern Oregon Birth Connections Financial Aid award, a complete application and required documents must be postmarked by **February 15, 2019**. People seeking services from an accredited, licensed provider may apply.

Award Amounts: 2 awards up to \$1000 PLUS 2 awards up to \$500

General Applicant Requirements:

- ◆ Must be a resident of Jackson or Josephine county
- ◆ Must be seeking prenatal, birth, or postpartum services from a licensed or credentialed provider in Jackson/Josephine counties that you are unable to pay for either because the service is not covered by your insurance, or you have other unmet financial needs
- ◆ Complete fund application & personal statement essay (See **Parts I, II**)

All required applications materials must be postmarked no later than February 15th, 2019. Any materials postmarked after this date will be considered late and will invalidate the application.

Mail materials to:

**Southern Oregon Birth Connection Financial Aid Fund Committee
1467 Siskiyou Blvd #146 Ashland, OR 97520**



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Application Checklist

- A completed application (See Part I)
- A personal statement essay (See Part II)

Mail all above documents in the same envelope, postmarked no later than February 15th 2019 to the address below. Or email to sobcaward@gmail.com.

Southern Oregon Birth Connections Financial Aid Fund
1467 Siskiyou Blvd #146 Ashland, OR 97520

For assistance filling out or submitting this application, or questions concerning this Financial Aid opportunity, contact Myra Villella sobcaward@gmail.com or Myra @ 541-622-5596

Part I: Fund Application

Last Name: _____ First Name: _____ Middle Initials: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Cellular phone: (____) _____

Alternative Phone: (____) _____ Email: _____

Best way to contact you: (mark only one box) Cell Phone Alternative Phone Email

The following information is used to assess need:

Please list the service that you are intending to use this Financial Aid Award for _____

What is the estimated cost of services of the provider that you plan to attend? _____

If the cost of services exceeds the expected award, how do you plan to finance the balance?

Have you applied for OHP? yes no

If so, have you been approved? yes no

Will you be able to partake in these services, if you do not receive this award? yes no

southernoregonbirthconnections.com



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Part II: Personal Statement Essay

Please use this form to answer the following question; How will this award affect your ability to access the services you are seeking, and how will those services benefit you and/or your family? You may use additional pages if necessary.

Deadline: postmarked on or before, February 15th 2019

Last name of applicant: _____ First name: _____

By signing and dating below, I attest that the information included in this application is true to the best of my knowledge.

(Applicant signature)

(Date)

Any false statement will automatically disqualify applicant from receiving an award.