

NMDA Our Earth CBPA Scholarship Application



* Full Legal Name (first, middle, last)

* first, middle, last

* Preferred name

* What is your preferred name?

* What are your pronouns?

* ex. she/her, he/him, they/them, xe/xem, others

* Mailing address (street number and name, city, state, zip)

* 1234 Street Rd., City, New Mexico, 88888

* Preferred email address

* myemail@email.com

* Preferred phone number

* 555-555-5555

* Contact preferences

- ☐ Email
- ☐ Phone
- ☐ Text
- ☐ Other

Please feel free to check more than one option.

* Age Range

- ☐ Age Range: 18-24
- ☐ Age Range: 25-34
- ☐ Age Range: 35+

* What is your ethnicity?

- ☐ White
- ☐ Hispanic
- ☐ Latina/Latino/Lanite/Latinx

- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or more races
- ☐ Other

Please feel free to check all that apply and/or to self identify.

*** Which counties in New Mexico do you serve?**

- ☐ Bernalillo
- ☐ Catron
- ☐ Chaves
- ☐ Cibola
- ☐ Colfax
- ☐ Curry
- ☐ De Baca
- ☐ Dona Ana
- ☐ Eddy
- ☐ Grant
- ☐ Guadalupe
- ☐ Harding
- ☐ Hidalgo
- ☐ Lea
- ☐ Lincoln
- ☐ Los Alamos
- ☐ Luna
- ☐ McKinley
- ☐ Mora
- ☐ Otero
- ☐ Quay
- ☐ Rio Arriba
- ☐ Roosevelt
- ☐ Sandoval
- ☐ San Juan
- ☐ San Miguel
- ☐ Santa Fe
- ☐ Sierra
- ☐ Socorro
- ☐ Taos
- ☐ Torrance
- ☐ Union
- ☐ Valencia

Please feel free to check all counties where you will provide in person services.

*** Please help us to learn about some of the intersectional identities you may hold. Feel free to add others.**

- ☐ 2SLGBTQIA+
- ☐ Gender non-conforming
- ☐ Immigrant

- ☐ English is not your first language
- ☐ Bilingual/Multilingual
- ☐ Veteran
- ☐ Transgender
- ☐ Tribal affiliation
- ☐ Single parent
- ☐ Working class or poor class
- ☐ Neurodivergence
- ☐ Other

Please feel free to check all that apply and/or to self identify.

*** Have you completed any prior doula, community health worker, or other birthworker trainings or certifications? If so, please describe.**

* Please tell us about any prior training you may have completed in the past.

These can be in any field related to the health and wellbeing of people and families.

*** Why do you feel called to this training and community service opportunity?**

* Please tell about your interest in this opportunity, in your own words.

There is no right or wrong answer. Please share with us in a way that feels authentic to you.

*** Why are you interested in supporting women and people in the birth and reproductive healthcare/justice space?**

* Please tell us about your desire to support women and birthing people from a reproductive justice lens.

There is no right or wrong answer. Please share in any way that feels authentic to you.

*** How do you see yourself using the knowledge and skills gained from this training opportunity, in your community?**

* Tell us about your vision of using the knowledge and skills from this program to support your community.

What do you see yourself doing after completing this training and certification program?

*** Have you worked in this field before? And if so, can you please describe the type of work you have done.**

* The word "worked" as used in this question can mean a wide range of things including but not limited to: domestic work, child care, supporting women and families, other; including paid time, unpaid time, and lived experience.

Please share your experience serving people and families in your community.

*** How would you feel supporting someone through abortion, pregnancy, and/or infant loss?**

* What are your feelings about supporting someone through an abortion, pregnancy, and/or infant loss?

There is no right or wrong answer. Please share in any way that feels authentic to you.

*** In what environments do you envision yourself providing doula services?**

- ☐ In-Hospital
- ☐ In-Home
- ☐ Birth Center / Midwifery Led Clinics
- ☐ Abortion Provider Clinics
- ☐ Virtually - Video
- ☐ Text & Phone Support
- ☐ Mobile Clinic Services
- ☐ Online & Social Media
- ☐ Other

Please feel free to check all that apply and/or to self identify.

*** Are you comfortable working with a wide range of family structures?**

- ☐ Yes
- ☐ No
- ☐ Other

*** Please upload a professional letter of reference here**

Choose file

Browse

Please upload a letter of reference speaking to your professional experience.

*** Please upload a personal letter of reference here.**

Choose file

Browse

Please upload a letter of reference the speaks to who you are as a person.