



WISCONSIN ASSOCIATION OF LACTATION CONSULTANTS

APPLICATION FOR IBCLE SCHOLARSHIP

Each year WALC will provide **five** scholarships to those eligible members who will be sitting for certification of IBCLC that year. The amount each year will be decided by the board depending on the treasurers report. The board will decide which applicants will receive a check made out to the IBCLE. The checks will be sent out by January of the year the individual will sit the exam.

QUALIFICATIONS

1. WALC MEMBER ONE YEAR
2. ATTEND **2 BUSINESS MEETINGS** FROM JANUARY TO JANUARY
3. REFERED BY A WALC MEMBER
4. AN APPLICANT WHO IS RECEIVING COMPENSATION FROM AN EMPLOYER IS NOT ELIGIBLE
5. APPLICATIONS SENT IN BY JANUARY 1, MAIL APPLICATION TO CAROL COX, S79W23665 CHERI AVE., BIG BEND, WI 53103

APPLICATION

NAME _____

WALC MEMBER _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

I believe I am eligible for this certification assistance and have not received any previous assistance for sitting the exam.

Signature _____ Date _____