



APPLICANT (1): _____

APPLICANT (2): _____

ESTIMATED DUE DATE:

If only one applicant:
_____ I verify that I am the sole provider for my family.

HOUSEHOLD SIZE _____

ANNUAL INCOME _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

MAILING ADDRESS
(if different than
home address) _____

BIRTH CENTER
NAME _____
Address Line 1 _____
Address Line 2 _____

PLEASE NOTE:
Willow Wish
Is only accepting
applications from
patients at
Arizona birth centers
accredited through the
Commission for
Accreditation of Birth
Centers

Please initial:

_____ I understand that if selected as a grant recipient, the grant is conditional. The grant will be paid to the accredited birth center of my choice once Willow Wish receives a letter confirming I am/we are accepted as patients at an accredited Arizona Birth Center and upon completion of the Award Questionnaire.

_____ If I am not selected as a finalist or a semi-finalist, I understand that to be considered for subsequent months through my due date, it is my responsibility to re-submit a personal statement for consideration in the next grant period.

PREVIOUS BIRTH HISTORY

Live Birth (1): Vaginal _____ Cesarean *(circle one)* _____ Date: _____

Care Provider: _____

Birth Place: _____

Any complications? _____

Live Birth (2): Vaginal _____ Cesarean *(circle one)* _____ Date: _____

Care Provider: _____

Birth Place: _____

Any complications? _____

Live Birth (3): Vaginal _____ Cesarean *(circle one)* _____ Date: _____

Care Provider: _____

Birth Place: _____

Any complications? _____

If you have had more than three live births, please submit an addendum that includes any additional births, following the same format as above.

I swear and affirm under penalty of perjury that this application and any accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

Signature – Applicant 1

Signature – Applicant 2

Print Name – Applicant 1

Print Name – Applicant 2

DATE

DATE



Application Checklist

- _____ Application Form
- _____ Personal Statement: essay, video, or audio recording
- _____ Household Tax Statement or W-2 forms – two most recent calendar years
- _____ Release of Liability Form
- _____ If applicable: proof of enrollment in AHCCCS

Once you have all these documents, please send them via regular mail to:

Willow Wish
P.O. Box 51028
Phoenix, Arizona 85076-1028

Or you may send them electronically via email: application@willowwish.org

PERSONAL STATEMENT:

Guiding Questions: Why are you in need of a Willow Wish Grant? Are there any hardships or obstacles you have had to overcome? Why is a birth center important to you? Do you participate in your community? If so, how?

PLEASE NOTE:

Willow Wish is only accepting applications from patients who are or who intend to give birth at Arizona birth centers accredited through the Commission for Accreditation of Birth Centers.

Willow Wish reserves the right to change the terms and conditions of our application process at any time. By submitting for a grant, you understand that your application packet will be reviewed by our grant committee.

Applications for this grant period will be accepted through the 15th of the month. The grant of \$1500 will be announced between the 5th and 15th day of the next month. Awardees will be asked to participate in fundraising and marketing initiatives to ensure that Willow Wish can continue Granting Birth Choice.