



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: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify ethnicity:  
(circle any that apply)  
A. Caucasian  
B. African-American  
C. Latino or Hispanic  
D. Asian  
E. Native American  
F. Native Hawaiian or Pacific Islander  
G. Two or More  
H. Other/Unknown  
I. I prefer not to say

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.

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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](mailto: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 15<sup>th</sup> of the month. The grant of \$1500 will be announced between the 5<sup>th</sup> and 15<sup>th</sup> 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.