



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 gift recipient, the gift is conditional. The gift will be paid to the accredited birth center of my choice once Willow Wish receives a letter confirming I/we are accepted as patients at an accredited Arizona Birth Center.

\_\_\_\_\_ If I am not selected this month, please consider my/our application for future gifts granted before my/our estimated due date.

**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 – two most recent (2018/2017)
- 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: [willowwishaz@gmail.com](mailto:willowwishaz@gmail.com)

#### PLEASE NOTE:

At this time, 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 gift, you understand that your application packet will be reviewed by our scholarship committee.

Applications for this gift period will be accepted through the 15<sup>th</sup> of the month. The gift of \$1500 will be announced between the 5<sup>th</sup> and 15<sup>th</sup> day of the next month.