



Belly Bliss Scholarship Application for Mother/Mother-to-be

You may apply for aid to help pay in part or in full for the following:

- Yoga and Fitness Classes (pre and post natal including breastfeeding support)
- Childbirth and education workshops
- Holistic Health Services including massage, acupuncture, and chiropractic care (specifically when needed for a medical condition such as breech baby, fertility, preeclamsia, induction or other medical reason deemed appropriate by your doctor or midwife.)

Please complete the following information and return to Belly Bliss by mail, or scan and email to info@bellybliss.org.

We will review application and get back to you shortly about any assistance we can provide.

Thank you for your interest in Belly Bliss and all that we do!

Name: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____

Anticipated Due Date, if applicable: _____

Other Children's Names and Ages, if any: _____

Type of Service Applying for Assistance With and Dates Looking for Using Service: _____

A short statement letting Belly Bliss know why these services are important you and how you feel they will positively impact your pregnancy and/or family. _____

A short statement explaining your financial situation and why you are deserving of financial assistance for services at Belly Bliss. _____

