



MILCC

Monetary Investment for Lactation Consultant Certification
10301 Democracy Lane, Suite 400
Fairfax, VA 22030
www.milcc.org

Information about Applying for Financial Assistance

MILCC, Monetary Investment for Lactation Consultant Certification, is an international organisation that provides financial assistance to applicants who are seeking certification or recertification by the International Board of Lactation Consultant Examiners® (IBLCE®).

Full or partial financial assistance for exam or recertification fees is available for applicants who demonstrate financial need, with priority given to applicants who work with under-served or disadvantaged families. The number of applicants supported each year, in both developed and developing countries throughout the world, depends on the availability of funds, which come from donations and grants.

A MILCC applicant must have **completed** all IBLCE eligibility requirements (including Health Science courses, lactation education and practice hours) at the time of application, otherwise the MILCC application cannot be considered.

MILCC cannot assess your application without completing the application in full to include your family income and circumstances, as well as the information about your paid and/or voluntary work. Your MILCC Application is active only for the exam period or recertification period you are applying. You will be notified by email as soon as the review process has been completed for all MILCC applicants, which will be approximately 60 days. If you are not funded, you may choose to proceed with your exam or recertification application at your own expense.

If you receive assistance, you may be requested by MILCC to complete a survey form about your lactation consultant practice FOR THE YEAR following the year when assistance was received. Application for financial assistance constitutes agreement to complete such a survey.



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Application Instructions and Checklist

- Closing date: Your application must be emailed or faxed on or before **the MILCC application deadline date for the exam or recertification period you are applying for.** These deadlines apply to all MILCC applicants, including those applying to be a candidate for the IBLCE exam and those applying for recertification by exam or by CERPs. The deadline dates can be found on the MILCC website as well as the IBLCE website under Key Dates.
- Follow the instructions on the MILCC Application Form.
- Make a copy of your whole application for your own records.
- When completing the online IBLCE Application in the credential management system, please use the coupon code, "MILCC", for payment. For those completing a paper exam application, please be sure the MILCC application and IBLCE application is emailed or faxed at the same time. **(MILCC applications will not be accepted by mail.)**
- The IBLCE Application and MILCC Application must be submitted at the same time. If you have completed your IBLCE application online, please email your completed MILCC application to milcc@iblce.org or fax your completed MILCC application to 1-703-560-7332 (within US & Canada) or 001-703-560-7332 (outside US & Canada). Please be sure to include a cover letter with your email or fax to include the date you submitted your online IBLCE application form. **(MILCC applications will not be accepted by mail.)**
- Only a complete MILCC application will be considered, and only when it is submitted at the time of a complete IBLCE application. You must include all required information for both applications.

Once your IBLCE eligibility is established, the MILCC application will be sent to the MILCC Board for assessment. MILCC will only consider applicants who have been determined by IBLCE as fully eligible to be accepted as a candidate for the IBLCE exam or for recertification.

IBLCE and MILCC will ensure the confidentiality of your name, contact details and personal information. They will not be passed on or made available to any third party.



Monetary Investment for Lactation Consultant Certification (MILCC) Scholarship Application Form

Please read carefully the "Information about Applying for Financial Assistance"

I am applying for a MILCC Scholarship

I am applying for the JWS Scholarship
(I am a mother-to-mother support counsellor)

Applicant's Name: _____
First name Family Name (please print)

Address: _____
Country: _____

Phone: () _____ () _____
(work phone) (home phone)

E-mail Address: _____

1. Are you a recertifying IBCLC? YES NO

If yes, please provide your IBLCE ID number: _____

2. Have you applied for or received other funding in relation to your IBLCE exam preparation, exam fees or recertification fees? YES NO

If yes, please specify how much has been applied for/received: _____

3. Have you received a MILCC or JWS scholarship before? YES NO

If yes, in which year did you receive the scholarship? _____

If yes, did you successfully certify/recertify? YES NO

4. If you are not a currently certified IBCLC, have you been a candidate for the IBLCE exam before this year? YES NO

If yes, when? _____

5. Please list the credentials you hold: (e.g., RN, MD)



6. If there are insufficient funds to award a full scholarship, would you be willing to accept a partial scholarship? YES NO

7. Please provide the total number of people in your family. _____

8. Please provide the total amount of income for your family for last financial year (US dollars).

9. Please choose the one option that best describes your expectations about your family income for next year.

- I expect our income to remain about the same.
- I expect our income to be higher.
- I expect our income to be lower.

10. Are you a single parent? YES NO

11. Do you provide financial help to people who do not live in your household? YES NO

12. In your current paid or volunteer job, do you provide care to breastfeeding families?
YES NO

13. If you answered "Yes" to question 12, please choose the one option that best describes your current work with underserved or disadvantaged breastfeeding families.

- I do not work with these families.
- Some of my work is with these families.
- All of my work is with these families.

14. In your current job, do you work in a volunteer (unpaid) capacity? YES NO

15. After you are certified/recertified, will your job include providing care to breastfeeding families?
YES NO

16. If you answered "Yes" to question 15, please choose the one option that best describes your future work with underserved and disadvantaged breastfeeding families.

- I will not work with these families.
- Some of my work will be with these families.
- All of my work will be with these families.

17. After you are certified/recertified, will your job include providing leadership, professional education or mentoring? YES NO

18. Will your future work be in a volunteer (unpaid) capacity? YES NO UNSURE



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19. Please choose the one option that best describes your community after you are certified or recertified.

- I will be the only IBCLC in my community.
 There are other IBCLCs in my community.

I certify that all the information provided as part of this application and all attached documents are true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

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MILCC respects the privacy of applicants. To protect this privacy, information collected by MILCC will be used only by MILCC for the purpose of communicating with applicants. MILCC may contact former applicants regarding their applications or their practice. Additionally MILCC may utilise this information to solicit future donations to MILCC.

Should you have additional questions, please contact the regional office which serves your country.

IBLCE in the Americas and Israel

Phone: 001 - 703-560-7330

Fax: 001 - 703-560-7332

milcc@iblce.org

IBLCE in Europe, The Middle East and North Africa

Phone: +43 (0) 2252 20 65 95

IBLCE in Asia Pacific and Africa

Phone: 07 5529 8811 (within Australia)

Phone: (Outside Australia) +61 7 5529 8811