

## *Christian Heritage Academy of Midwifery Application Form 2024-2025*

Name	MI	Last	Date of Birth / /
Address		Best <u>way</u> to reach you:	
City	State	Zip Code	Best <u>time</u> to reach you:  AM PM
Email Address (Please write legibly):		Phone Number and type:	

Enrolled in:		Date of Enrollment	Expected Completion Date
List any training, doula, midwifery or lactation below.	Y N	/ /	/ /

Prior Birthing Experience:		Number:	Explain (Optional):
Personal Births	Y N		
Attended Births	Y N		

Certification/License	School/Organization	Date	Type
Medical (Nurse, Doctor, etc)		/ /	
Doula Training		/ /	
Natural Health		/ /	
Other		/ /	

midwifery4him@gmail.com

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**Personal References:** Please provide contact information for *at least 3 (up to 5) personal references*. One reference should be able to make a recommendation based on their knowledge of your **Academic** discipline, one should be able to speak to your overall **Character** and one to your **Spiritual** life. You may use a parent for one of the references, but we would like to see others who have influenced your life as well. (Pastor, Sunday School teacher, Youth leader, neighbor, former or current employer as examples.)

<b>Name</b>	<b>Relationship</b>	<b>Contact Phone</b>	<b>Your reference may add comments</b> (additional pages may be submitted if additional space is needed)

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In your own words, please tell us why you feel called to a Ministry of Midwifery. What drew you to Midwifery and this Academy. You can also use this section to tell us anything else about

yourself that you would like us to know as we consider your enrollment. (Attach additional pages as needed).

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CHAM offers different options for students and their families to pay enrollment. Please note the prices below before selecting payment plan.

<input type="checkbox"/>	Certified Professional Midwife Course – Year 1	\$3500.00 covers a full year of classes for a Full-Time student/year.	
<b>Payments:</b>			
		Year 1	Due Dates:
	Deposit	\$800.00	On decision of entering program to hold your place.
	By Month:	\$350.00	15 <sup>th</sup> of each month Beginning 09/15. Paid for 9 months (Sep\$350.00t – May)
	By Quarter:	\$875.00	Quarter 1 -Due at Retreat (Last week in August) For Quarter 2 – Due by November 15th
			For Quarter 3 – Due by February 15th
			For Quarter 4 – Due by May 15th
	Pay entire year at beginning:	\$3500.00	Due by August 15 <sup>th</sup> of current year

I will pay:      Monthly                      Quarterly                      Full Annual Payment

Payment Type: Check       Credit Card

                                 Quarterly                      Full Annual Payment

**(Contact us for additional information on how to remit Credit Card Payments)**

**Statement of Intent:**

I agree to follow Christian Heritage Academy of Midwifery's (CHAM) Biblical Philosophy, which is attached to this form, and encourage my fellow students to live according to the Word of God - The Holy Bible.

By signing below, I agree to make payments by the day stated per my payment selection. If payment has not been received by required date, a 15% penalty fee will be added to the total amount due.

I acknowledge that after two missed payments, I will be unenrolled from CHAM and will not be allowed to participate in skills classes, access school resources, or re-enroll until payments arrangements have been made and the account is back in current standing.

By signing below, I am expressing my commitment to honor this Statement of Intent and I agree to CHAM's Withdrawal/Cancelation policy.

**Please send the signed form and deposit check to: Christian Heritage Academy of Midwifery, c/o Diane Marshall, 840 Vindicator Dr. #205 Colorado Springs, CO 80919\_**

By submitting this completed application, I hereby state that all information is accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_