



**The A.C.N.M. Foundation, Inc.
8403 Colesville Road, Suite 1550
Silver Spring, Maryland 20910-6374**

2015 Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color

The *Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color* is awarded to a CNM/CM of color who is actively enrolled in doctoral or post-doctoral education. This award is named in honor of three of our most distinguished midwives of color: Betty Watts Carrington, CNM, PhD, FACNM; Lily Hsia, CNM, PNP, MSN, FACNM; and Nivia Nieves Fisch, CNM, FACNM and is supported by the A.C.N.M. Foundation's Midwives of Color Scholarship Fund.

AWARD AMOUNT: \$5,000.00

APPLICATION DEADLINE: September 15, 2015

Eligibility Requirements:

- Be a certified nurse-midwife (CNM) or a certified midwife (CM);
- Be a current member of the American College of Nurse-Midwives (ACNM);
- Be actively enrolled in a doctoral or post-doctoral education program and be a student in good standing;
- Self-identify as a person of color.

Complete applications must include the following:

- Part 1: Applicant Information
- Part 2: Academic and Professional Information
- Part 3: Graduate Program Information
- Part 4: Academic Career Plans.
- Part 5: Budget and Narrative
- Part 6: Future Contributions to Midwifery
- Part 7: Academic Program Verification Form - to be submitted under separate cover.
- Part 8: Two (2) Academic Recommendations – to be submitted under separate cover.

Completed applications must be submitted no later than **September 15, 2015** by email, fax or mail to:

The A.C.N.M. Foundation, Inc.
PO Box 380272
Cambridge, MA 02238-0272

Email: fdn@acnm.org
Fax: (617) 876-5822
Telephone: (240) 485-1850



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PART I: APPLICANT INFORMATION

Name:					
Academic and Clinical Credentials:					
Current Address:	Street:				
	City:	State:	Zip code:	Country:	
Phone:	Home:	Cell:	Fax:		
Email:					
			Yes	No	
Self- Identification:	Do you self- identify as a person of color?				
ACNM Membership #:		Year Certified by ACNM:			

PART 2: ACADEMIC AND PROFESSIONAL INFORMATION

Required:

Please attach a CV that includes the following:

- Post-secondary education (school/program, degree, GPA, honors/awards)
- Professional experience, including position(s) held and dates
- Professional organization memberships (include offices held and dates)
- Professional/academic honors
- Professional activities (research, lectures, workshops, etc.)
- Publications (peer-reviewed and other)

Optional, but recommended:

A sample of up to 30 pages of scholarly work, preferably work related to the applicants doctoral program area(s) of interest (below, briefly describe the scholarly work submitted and its relationship to the applicant's doctoral program).



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PART 3: GRADUATE PROGRAM INFORMATION:

Name of Program:				
Academic Institution:				
Address:	Street:			
	City:	State:	Zip code:	Country:
Degree:	Degree Being Sought:			Expected Graduation Date:
Graduate Program Description (brief):				
Dissertation/Thesis Topic:				



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PART 4: STATEMENT OF ACADEMIC CAREER PLANS

What are your five-year academic career plan(s)?



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PART 5: BUDGET AND BUDGET NARRATIVE

What is your intended use of the \$5000.00, if awarded? (Please include a budget outline with a brief narrative about your intended use of funds.)



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PART 6: FUTURE CONTRIBUTIONS TO MIDWIFERY

What is your intended future participation in the local, regional, and/or national activities of the American College of Nurse-Midwives, and in activities that otherwise contribute substantially to midwifery research, education, or practice? (One page maximum)

Applicant Statement:

If awarded The A.C.N.M. Foundation's *Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color*, I agree to:

- Submit periodic progress reports on a regular basis as outlined in an award letter.
- Acknowledge the A.C.N.M. Foundation, Inc. and the ACNM Midwives of Color Committee in any professional activities, including presentations and publications, which directly result from the fellowship award.

Applicant signature: _____ Date: _____



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PART 7: ACADEMIC PROGRAM VERIFICATION FORM

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Applicant Name:	
Graduate Education Program:	

1. How long have you known the applicant?
2. What degree is the applicant seeking?
3. Is the applicant actively enrolled in a doctoral or post-doctoral program? If not, please explain
4. Is the applicant currently a graduate student in good academic standing? If not, please explain
5. Has the applicant satisfactorily completed the graduate Program's academic goals and objectives to date? If not, please explain
6. Is there any additional information that you would like to include regarding this applicant's eligibility for an A.C.N.M. Foundation graduate education award?

Director Name: _____ Signature: _____

Position: _____ Date: _____

Instructions: Your verification MUST be received (by email, fax or mail) by **September 15, 2015**.

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PART 8: ACADEMIC RECOMMENDATION FORM

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Applicant Name:	
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1. How long have you known the applicant?
2. Please describe the applicant's academic abilities.
3. Please describe the applicant's leadership potential.
4. The A.C.N.M. Foundation, Inc. <i>Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color</i> recipient must have the potential to contribute substantially to the advancement of midwifery research, education, or practice. In what area(s) and in what ways will this applicant meet this criterion?

Name: _____ (Indicate if CNM/CM): _____

Signature: _____ Date: _____

Instructions: Your recommendation MUST be received (by email, fax or mail) by **September 15, 2015**.

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