



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

2017 The W. Newton Long Award Application

PURPOSE: To honor the memory of W. Newton Long, MD, a longtime supporter of midwives, midwifery practice and midwifery research.

AWARD: This monetary award is intended to fund projects or activities that relate to the advancement of midwifery by addressing one or more of the following areas:

1. Advancement of midwifery clinical skills
2. Advancement of midwifery through research
3. Dissemination of midwifery research
4. Promotion of professional midwifery
5. Presentations at medical or midwifery conferences
6. Establishment of new midwifery practices/services
7. Study of different aspects of midwifery practice in the U.S. and abroad.

AWARD AMOUNT: Up to \$2000.00

APPLICATION DEADLINE: April 1, 2017

ELIGIBILITY REQUIREMENTS:

- Be a CNM or /CM.
- Be a member of the American College of Nurse-Midwives (ACNM).

Complete applications must include the following:

- Part 1: Applicant Information
- Part 2: ACNM Membership / Certification
- Part 3: Applicant Statement
- Part 4: Goals & Objectives
- Part 5: Plans & Time Line
- Part 6: Proposed Budget – Intended Use
- Part 7: Research Related Projects
- Part 8: CV / Resume
- Part 9: Two (2) Letters of Support

All applications must be typed. Nominations may be submitted by email, fax or mail to:

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

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



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PART I: APPLICANT INFORMATION

| | | | | |
|---|----------------|---------------|------------------|-----------------|
| | | | | |
| Name: | | | | |
| Academic & Clinical Credentials: | | | | |
| Current Address: | Street: | | | |
| | | | | |
| | City: | State: | Zip code: | Country: |
| | | | | |
| Phone: | Home: | Cell: | | Fax: |
| | | | | |
| Email: | | | | |

PART 2: ACNM MEMBERSHIP/CERTIFICATION

| | |
|---------------------------|------------------------------------|
| ACNM Membership #: | Year Certified by ACNM/AMCB |
| | |

PART 3: APPLICANT STATEMENT

If awarded The A.C.N.M. Foundation W. Newton Long Award, 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. in any professional activities, including presentations and publications, which directly result from the award.

Applicant Signature: _____ **Date:** _____



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PART 4: GOALS & OBJECTIVES

Provide a statement of goal(s) and objectives selected from items 1-7 of the purpose section above.



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PART 5: PLANS & TIME LINE

Provide a description of plans for attainment of goals and objectives along with a time line.



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PART 6: PROPOSED BUDGET – INTENDED USE

Provide the amount of your request (not to exceed \$2,000) along with a narrative description of your intended use of award monies.

PART 7: RESEARCH RELATED PROJECTS

- If your goal involves research, attach a copy of your research proposal.

PART 8: CV / RESUME

- Attach a copy of your current CV/Resume.

PART 9: LETTERS OF SUPPORT

- Application must include two (2) letters of support from individuals who are familiar with your professional activities, practice, and/or the activities described in this application.