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

2017 Carrington-Hsia-Nieves Doctoral Scholarship for Midwives of Color

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PURPOSE:

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: OCTOBER 1, 2017

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 <u>MUST</u> INCLUDE THE FOLLOWING:

- Part 1: Applicant Information
- Part 2: Professional and Academic Background, including CV and Sample Scholarly Work
- 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 **October 1, 2017** 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 1: Applicant Information

PART 1a: Applicant Name and Contact Info

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/AMCB:**

PART 1b: Applicant Statement:

If awarded an A.C.N.M. Foundation, Inc. Carrington-Hsia-Nieves Doctoral Scholarship, 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 2: PROFESSIONAL AND ACADEMIC BACKGROUND

Please attach the following as PDF files:

A. **A Curriculum Vitae that includes all relevant professional activities**
B. **A sample of up to 30 pages of scholarly work**

Briefly describe the sample of scholarly work you are submitting.

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: ACADEMIC CAREER PLANS

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

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PART 5: BUDGET AND NARRATIVE

Please include a budget outline with a brief narrative about your plans for the $5,000.00 scholarship, if awarded.

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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?

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PART 7: ACADEMIC PROGRAM VERIFICATION FORM

The A.C.N.M. Foundation, Inc. Carrington-Hsia-Nieves Doctoral Scholarship will be made to a midwife actively enrolled in doctoral or post-doctoral studies. **All applications must be accompanied by this verification form, which must be completed by the applicant's Program Director (i.e., Department Chair, Program Director).**

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, Inc. Carrington-Hsia-Nieves Doctoral Scholarship?

Director Name: _____ **Signature:** _____

Position: _____ **Date:** _____

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PART 8: ACADEMIC RECOMMENDATION FORM

The A.C.N.M. Foundation, Inc. Carrington-Hsia-Nieves Doctoral Scholarship will be made to a midwife actively enrolled in doctoral or post-doctoral studies. **All applications must be accompanied by two (2) academic recommendations; one must be from a certified nurse-midwife (CNM) or certified midwife or (CM).**

Applicant Name:	

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. Carrington-Hsia-Nieves Doctoral Scholarship recipients 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:** _____

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