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

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:** _____

This form 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