



**A.C.N.M. FOUNDATION, INC.  
2009 BASIC MIDWIFERY STUDENT SCHOLARSHIP PROGRAM**

**APPLICATION INSTRUCTIONS**

**ELIGIBILITY REQUIREMENTS:**

Eligible applicants must:

- Be enrolled as a student in good standing in an ACNM DOA accredited basic midwifery education program
- Have successfully completed one academic or clinical semester/quarter or clinical module
- Be a current member of the American College of Nurse-Midwives (ACNM)
- Agree to complete a brief data collection form for the A.C.N.M. Foundation within one year, if an award is received. Submission of a signed application serves as your consent to complete the form.

**IF ELIGIBLE:**

Carefully read the following application instructions. Provide all information requested in Parts 1-6.

**Applications that are not typed WILL NOT BE CONSIDERED.**

- Part 1 - Applicant Information Form** - Complete and sign as instructed.
- Part 2 - Statement of Career Goals and Plans** - Complete as instructed.
- Part 3 - Financial Assessment Form** - Complete as instructed.
- Part 4 - Statement of Financial Need** - Complete and sign as instructed.
- Part 5 - Program Director Form (1)** - Your Program Director must complete the Program Director Form, place in a sealed envelope, and sign her/his name over the seal before returning the envelope to you. **DO NOT OPEN THE SEALED ENVELOPE.**
- Part 6 - Faculty Recommendation Form (1)** - You must seek recommendation from one (1) CNM or CM member of your Midwifery Education Program faculty (other than your program director). She/he must complete the Faculty Recommendation Form, place in a sealed envelope, and sign her/his name over the seal before returning the envelope to you. **DO NOT OPEN THE SEALED ENVELOPE.**

**MAIL THE COMPLETE APPLICATION (PARTS 1-6) AS ONE PACKET TO:**

A.C.N.M. Foundation Basic Midwifery Scholarship  
American College of Nurse-Midwives  
8403 Colesville Road, Suite 1550  
Silver Spring, MD 20910

**ONLY APPLICATIONS THAT ARE COMPLETE AND ARRIVE AT THE FOUNDATION OFFICE BY CLOSE OF BUSINESS, FRIDAY, MARCH 13, 2009 WILL BE CONSIDERED**



**Professional organization memberships (include offices and dates):**

**Professional/academic honors:**

**Professional activities (research, publications, lectures, workshops, etc.):**

Title and location

Date

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 2: STATEMENT OF CAREER GOALS AND PLANS**

A. State your 5-year career plan(s) related to the profession of midwifery (150 words or less). Attach additional sheet of paper if needed.

B. State your intended future participation in the local, regional, and/or national activities of the American College of Nurse-Midwives (100 words or less). Attach additional sheet of paper if needed.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 3: FINANCIAL ASSESSMENT FORM**

Applicant name \_\_\_\_\_

1. List ALL sources of financial support available to you and **specify type** (self, parents, spouse, scholarship, loans, veteran’s benefits, Social Security benefits, other).

<u>Source</u>	<u>Yearly Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Applicant place of employment (if applicable):

Average number of hours worked per week:

What are your plans for working full or part-time during the remainder of your midwifery education program? Please explain.

3. Provide data for each individual, including yourself, who contributes to your financial support.

<u>Contributor</u>	<u>Annual income range (use letter)</u>
Self _____	a) <\$10,000
Spouse/Partner _____	b) \$10,000 – 19,999
Parent(s) _____	c) \$20,000 – 29,999
Other (identify) _____	d) \$30,000 – 39,999
	e) \$40,000 – 49,999
	f) \$50,000 – 59,999
	g) \$60,000 – 69,999
	h) \$70,000 – 79,000
	i) \$80,000+

4. Information about dependents (persons in addition to yourself to whom YOU PROVIDE FINANCIAL SUPPORT). Use an additional page if needed.

Age	Relationship	Amount of support per month (\$)
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- a)
- b)
- c)

5. Your current expenses per **MONTH**:

- a) Housing \_\_\_\_\_
- b) Utilities \_\_\_\_\_
- c) Food \_\_\_\_\_
- d) Miscellaneous, e.g., insurance \_\_\_\_\_

**Total:** \_\_\_\_\_

6. Outstanding loans or other payments:

Total Amount/Cost per month TO YOU

- a) Car \_\_\_\_\_ / \_\_\_\_\_
- b) Credit cards \_\_\_\_\_ / \_\_\_\_\_
- c) Undeferred student loans \_\_\_\_\_ / \_\_\_\_\_
- d) Other (identify) \_\_\_\_\_ / \_\_\_\_\_

7. List any loans, including deferred student loans, not listed under question #1.

8. List projected annual expenses for tuition, books, and supplies for the year 2009.

9. Does your midwifery program require you to travel?  No  Yes, explain

Annual miles for clinical \_\_\_\_\_

Annual miles for class \_\_\_\_\_

Amount of mileage reimbursement, if any \_\_\_\_\_

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**PART 4: STATEMENT OF FINANCIAL NEED**

A. Briefly state your need for financial assistance to successfully complete your midwifery education (150 word maximum). Attach additional sheet of paper if needed - all pertinent information will be considered.

B. If you were to receive a \$3000 scholarship\* from A.C.N.M. Foundation, Inc., how would you use these funds? (100 words or less). Attach additional sheet of paper if needed.

*\*Please note: actual amount of this year's award may not be \$3000*

I certify that the information concerning the assessment of my financial status provided in Parts 3 and 4 are a complete and accurate representation of my financial needs.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 5: PROGRAM DIRECTOR FORM**

Applicant's Name \_\_\_\_\_

Midwifery Education Program \_\_\_\_\_

A.C.N.M. Foundation Scholarship Applications must include this form, to be completed by the applicant's Midwifery Education Program Director. Please **type** (or print legibly) the answers to the following questions. Please sign this form after completing, insert in an envelope, seal, and sign your name across the seal. Give the sealed envelope to the applicant, who will submit it with her/his application. **Do not mail this recommendation separately.**

1. Does the applicant meet the following *A.C.N.M. Foundation Basic Scholarship* eligibility requirements?

Enrollment in an ACNM accredited midwifery program?  Yes  No, please explain

\_\_\_\_\_

Good academic standing?  Yes  No, please explain

\_\_\_\_\_

Successful completion of one academic or clinical semester/quarter or one clinical module?  
 Yes  No, please explain

\_\_\_\_\_

2. Please rate the applicant's academic and clinical performance thus far in your midwifery education program. Circle one answer only [1=lowest rating, 5=highest rating].

(Lowest) 1                      2                      3                      4                      5 (Highest)

3. Please rate the applicant's potential for professional leadership in midwifery and professional contributions to ACNM. Circle one answer 1=lowest rating, 5=highest rating].

(Lowest) 1                      2                      3                      4                      5 (Highest)

4. If there is any additional information that you would like to include regarding this applicant's eligibility for an A.C.N.M. Foundation scholarship, you may do so as long as the attachment is typed or printed legibly (please staple attachments).

Program Director Name \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 6: FACULTY RECOMMENDATION FORM**

Applicant's name \_\_\_\_\_

Midwifery Education Program \_\_\_\_\_

All A.C.N.M. Foundation Scholarship Applications must be accompanied by one recommendation from a Program faculty CNM/CM who has supervised the student's academic or clinical performance. Please provide answers to the following questions. If you wish to add additional information you may do so (see instructions below). Please sign this form after completing, insert in an envelope, seal, and sign your name across the seal. Give the sealed envelope to the applicant, who will submit it with her/his application. **Do not mail this recommendation separately.**

1. Please rate your assessment of the applicant's academic and clinical performance thus far in the midwifery education program. Circle one answer only [1=lowest rating, 5=highest rating].

(Lowest) 1                      2                      3                      4                      5 (Highest)

2. Please rate the applicant's potential for professional leadership in midwifery and professional contribution to the ACNM. Circle one answer only [1=lowest rating, 5=highest rating].

(Lowest) 1                      2                      3                      4                      5 (Highest)

3. If there is any additional information that you would like to include regarding this applicant's eligibility for an A.C.N.M. Foundation scholarship, you may do so as long as the attachment is typed or printed legibly (please staple attachments).

Faculty Name \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_