



**A.C.N.M. FOUNDATION, INC.  
2009 FELLOWSHIP FOR GRADUATE EDUCATION**

**APPLICATION INSTRUCTIONS**

**Eligibility/Award Requirements:**

**Applicants must be:**

- a certified nurse-midwife (CNM) or a certified midwife (CM);
- a current member of the American College of Nurse-Midwives (ACNM);
- actively enrolled in a doctoral or post-doctoral education program; and,
- a graduate student in good standing, verified by the Academic Program Director.

**If awarded, the applicant must 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 that directly result from the fellowship;
- acknowledge the A.C.N.M. Foundation, Inc. in any publications/presentations that directly result from the fellowship.
- 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.

**Application Procedure:**

Carefully read the following instructions and provide all information requested. **Only typed applications will be processed.** Completed applications must include:

1. **Applicant Information Form.** Completed by applicant.
2. **Academic/Career Goals and Plans.** Completed by applicant.
3. **Academic Director Form:** Must be completed by the academic director of your graduate program (Department Chairperson or Program Director). The form must be typed, placed in a sealed envelope, and signed over the envelope seal. **DO NOT OPEN THE SEALED ENVELOPE.**
4. **Academic Recommendations (2)** - Must be completed by one CNM/CM and one non-CNM/CM who can attest to your academic ability and leadership potential. The forms must be typed, placed in a sealed envelope, and signed over the envelope seal. **DO NOT OPEN THE SEALED ENVELOPE.**
5. **Do not bind or staple the application. Secure it with binder clips.**

**MAIL THE COMPLETE APPLICATION AS ONE PACKET TO:**

2009 A.C.N.M. Foundation, Inc. Fellowship for Graduate Education  
A.C.N.M. Foundation, Inc.  
8403 Colesville Road, suite 1550  
Silver Spring, MD 20910

**COMPLETED APPLICATIONS MUST ARRIVE AT THE FOUNDATION OFFICE  
BY CLOSE OF BUSINESS ON FRIDAY, MARCH 13, 2009.**

**A.C.N.M. Foundation, Inc.**  
**2009 Fellowship for Graduate Education**

**PART I: APPLICANT INFORMATION FORM**

**Personal Information:**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Address (for correspondence):

\_\_\_\_\_  
\_\_\_\_\_

**Optional Information:**

Age: \_\_\_ Marital Status: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**ACNM Information:**

ACNM or ACC Membership #: \_\_\_\_\_

ACNM Region #: \_\_\_\_\_

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

Year Certified by ACNM: \_\_\_\_\_

**Graduate Program Information:**

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Degree Being Sought: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Graduate Program Description (brief): \_\_\_\_\_

\_\_\_\_\_

Dissertation Topic (or area of interest if undecided): \_\_\_\_\_

\_\_\_\_\_

**Academic And Professional Information (please enclose 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)

**A sample of up to 30 pages of scholarly work may be included with the application.** (If a sample of scholarly work is submitted, briefly describe it below.)

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



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**2009 Fellowship for Graduate Education**

**PART 3: ACADEMIC DIRECTOR VERIFICATION FORM**

Applicant Name \_\_\_\_\_

Graduate Education Program \_\_\_\_\_

The A.C.N.M. Foundation, Inc. Fellowship for Graduate Education award is made to a midwife actively enrolled in doctoral or post-doctoral studies. As this applicant's academic Program Director, you are asked to complete this form (typewritten is preferred). After completing the form, please insert it (and any additional pages) 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 SEPARATELY.** Thank you.

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?  
Yes \_\_\_ No \_\_\_ (if no, please explain)
  
4. Is the applicant currently a graduate student in good academic standing?  
Yes \_\_\_ No \_\_\_ (if no, please explain)
  
5. Has the applicant satisfactorily completed the graduate Program's academic goals and objectives to date?  
Yes \_\_\_ No \_\_\_ (if no, 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. Fellowship for Graduate Education?

Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_



