



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

2020 Varney Participant Award Application

PURPOSE:

The A.C.N.M. Foundation, Inc. Varney Participant Award is awarded to midwifery students to enable their participation in the ACNM Annual Meeting & Exhibition while being mentored by Helen Varney Burst, MSN, CNM, DHL (Hon.), FACNM, or her designee, Heather Bradford, CNM, ARNP, FACNM.

AWARD AMOUNT: \$1,500.00

APPLICATION DEADLINE: FEBRUARY 8, 2020

ELIGIBILITY REQUIREMENTS:

- Be enrolled as a student in good standing in an ACME-accredited or pre-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)
- Be a first-time attendee at the ACNM Annual Meeting
- Be a first-time recipient of the Varney Participant Award
- Agree to complete a brief data collection form within one year, if an award is received.

COMPLETE APPLICATIONS MUST INCLUDE THE FOLLOWING:

- Part 1 – Applicant Information
- Part 2 – Applicant Statement
- Part 3 – Educational and Professional Background
- Part 4 – Participation in Midwifery & Volunteer Activities - Be a first-time attendee at the ACNM Annual Meeting & Exhibition
- Part 5 – ACNM Annual Meeting & Exhibition Plans
- Part 6 – Anticipated Benefit of Varney Participant Award
- Part 7 – Future ACNM Leadership Plans
- Part 8 – Statement of Financial Need
- **Part 9 – Program Director or Faculty Recommendation - Please direct your Director or Faculty to the following site to submit their recommendation: <http://conta.cc/2imiGY1>**

Applications may be submitted by email or mail to:

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

Email: foundation@acnmf.org
Telephone: (240) 485-1850



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PART 1: Applicant Information

PART 1a: Applicant Name and Contact Info

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

PART 1b: Midwifery Education Program/ACNM Membership

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|------------------------------------|----------------------|-------------------|------------------------------|----------------------------------|
| | | | | |
| Midwifery Education Program | | | | |
| Status: | Full Time: | Part Time: | Start Date: | Expected Graduation Date: |
| | | | | |
| ACNM | Membership #: | | Date you joined ACNM: | |
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PART 2: Applicant Statement

I certify that there are no foreseen circumstances that would prevent me from meeting the following expectations of a Varney Participant at the ACNM Annual Meeting & Exhibition including attendance at:

- Daily meetings with chief mentor, Heather Bradford, CNM, ARNP, FACNM
- All official business meetings
- A regional meeting
- All scheduled student meetings/activities
- At least one committee or division meeting
- The A.C.N.M. Foundation Donor Reception
- Event with the past Varney Participants hosted by the chief mentor
- Identification of and involvement in an activity with a person in a current ACNM leadership position under the guidance of Heather Bradford, CNM, ARNP, FACNM

I certify that the information concerning the assessment of my financial status provided in Part 8 is a complete and accurate representation of my financial needs.

Applicant signature: _____ **Date:** _____



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PART 3: Educational and Professional Background

PART 3a: Education:

| | School | Degree | GPA |
|----------------------------------|--------|--------|-----|
| Basic Nursing (If Applicable) | | | |
| Baccalaureate | | | |
| Graduate | | | |
| Other | | | |
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PART 3b: Professional experience, beginning with most current position:

(Attach additional page if needed)

| Part 3b - Agency / Hospital | Part 3b - Position | Part 3b - Dates |
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PART 3c: Professional organization memberships

| Part 3c – Organization: | Part 3c – Offices held, leadership roles, or special projects participation: | Part 3c – Dates: |
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PART 3d: Professional/academic honors

| Part 3d - Organization | Part 3d - Description | Part 3d - Dates |
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PART 3e: Professional activities (research, publications, lectures, workshops, etc.)

| Part 3e - Title | Part 3e - Location | Part 3e - Dates |
|-----------------|--------------------|-----------------|
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PART 4: Participation in Midwifery & Volunteer Activities

Please describe your history of participation in local and state midwifery and volunteer activities, including ACNM Affiliate involvement.



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PART 5: ACNM Annual Meeting & Exhibition Plans

Please describe your plans related to attendance at the next ACNM Annual Meeting & Exhibition (150 words or less). Include information about the ACNM committee or division meeting you would like to attend and the ACNM leader you would like to interact with (and why).

PART 6: Anticipated benefit of the Varney Participant Award

How do you envision your role as a new midwife being enhanced by your involvement with ACNM and your attendance at the ACNM Annual Meeting?



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PART 7: Future ACNM Leadership Plans

Please describe your intended future participation in the local, regional, and/or national activities of the American College of Nurse-Midwives, including your state affiliate (150 words or less).



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PART 8: Statement of Financial Need

Briefly state your need for financial assistance to be able to attend the next ACNM Annual Meeting & Exhibition. All pertinent information will be considered. (150 words or less).