



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

2021 Basic Midwifery Student Scholarship Application

PURPOSE:

The A.C.N.M. Foundation, Inc. Basic Midwifery Student Scholarships are awarded to midwifery students to support education expenses for the purpose of encouraging individuals to pursue or complete basic midwifery education, thereby increasing the number, quality, and diversity of certified nurse-midwives and certified midwives. Several basic scholarships are given annually, including the following endowed scholarships: Midwives of Color-Watson Scholarship, GlaxoSmithKline Consumer Health Care Scholarship, and the Edith B Wonnell CNM Scholarship. Memorial Scholarships are also awarded as funding allows. All applicants are judged on academic and professional excellence, plans to promote health equity, leadership potential, and financial need.

AWARD AMOUNT: \$3,000.00

APPLICATION DEADLINE: FEBRUARY 15, 2021

ELIGIBILITY REQUIREMENTS – ALL APPLICANTS:

- Be enrolled as a student in good standing in an ACME-accredited or pre-accredited basic midwifery education program.
- Have successfully completed at least one academic or clinical semester/quarter or clinical module.
- Be a current member/student member of the American College of Nurse-Midwives (ACNM)
- 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 and Applicant Statement
- Part 2 – Educational and Professional Background
- Part 3 – Statement of Career Goals and Plans
- Part 4 – Plans for Health Equity
- Part 5 – ACNM Leadership Activities & Plans
- Part 6 – Financial Information
- Part 7 – Recommendation from Midwifery Education Program Director or a member of the Midwifery Program Faculty. Please direct them to the following URL for submission: <http://conta.cc/2WuXOV7>

Applications 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 and Contact Info

Name:				
Credentials:				
Current Address:	Street:			
	City:	State:	Zip code:	Country:
Phone:	Home:	Cell:	Fax:	
Email:	School:		Personal:	
Ethnicity/Race				
	Asian	Black	Indigenous	White
Hispanic/LatinX	Yes		No	

Midwifery Education Program

Midwifery Education Program				
Status:	Full Time:	Part Time:	Start Date:	Expected Graduation Date:



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Applicant Statement

If awarded an A.C.N.M. Foundation, Inc. Basic Midwifery Student Scholarship, I agree to the following:

- I certify that the information below concerning my eligibility for specific scholarships and my statement of financial needs in Part 6 is a complete and accurate assessment.
- I will submit a brief data collection form within one year as specified in an award letter.
- I will acknowledge The A.C.N.M. Foundation, Inc. in any professional activities, including presentations and publications, which directly result from the scholarship.

Applicant signature: _____ Date: _____



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ACNM Membership

Membership #:	Date joined ACNM:

PART 2: Educational and Professional Background

Education (Include current midwifery program and GPA)

	School	Degree	GPA
Basic Nursing (If Applicable)			
Baccalaureate			
Graduate			
Other			

Professional experience, incl. military. Start with current position.

(Attach additional page if needed)

Agency / Facility:	Position:	Dates:



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Professional organization memberships

Organization:	Offices held, leadership roles, or special projects participation:	Dates:

Professional/academic/military honors

Organization	Description	Dates

Professional activities (research, publications, presentations, etc.)

Title	Location	Dates



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PART 3: Statement of Career Goals and Plans

Out of Hospital Plans

Do you plan to attend births in a home birth or freestanding birth center setting upon graduation?	*Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Five Year Career Plan

State your 5-year career plan(s) related to your practice of midwifery (150 words or less). If applicable, share your intentions and plans for working in the out-of-hospital setting.



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PART 4: Plans for Health Equity

Upon graduation, how do you plan to improve health equity and decrease health disparities within your community of interest? (250-word limit.)



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PART 5: ACNM Leadership Activities & Plans:

Share your past and current leadership activities and other relevant experience with the American College of Nurse Midwives including your state affiliate and/or other organizations. Share how you plan to use this experience in the future with ACNM, including your state affiliate. (250 words or less).



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PART 6: Financial Information

Statement of Financial Need

Briefly explain your need for financial assistance to successfully complete your midwifery education (150-word maximum). All pertinent information will be considered.



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Intended Use of Funds:

If you were to receive this scholarship, how would you use the funds to support your educational success? (100 words or less).