



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

2017 Texas Midwifery Creation Scholarship

PART 7: Program Director or Program Faculty Verification Form

This form must be completed by the applicant's Midwifery Education Program Director or a member of the Midwifery Education Program Faculty with sufficient information to answer the questions below. Note that the Program Director or Faculty Member may also submit the Part 6: Letter of Recommendation if requested to do so by the applicant.

Applicant Name:			
Midwifery Education Program:			
Director/Faculty Name:			
Title:			
Does the applicant meet the following <i>Texas Midwifery Creation Scholarship</i> education eligibility requirements?			
Enrollment in an ACME-accredited midwifery program?	Yes: ___	No: ___ (please explain)	
Good academic standing?	Yes: ___	No: ___ (please explain)	
Rate the applicant's performance thus far in your midwifery education program [1=lowest, 5=highest]			
Comment, if desired:			
Rate the applicant's potential for contributions to midwifery in Texas [1=lowest, 5=highest]			
Comment, if desired:			
Signature:			
Date:			

Submission Instructions: Please submit separately from the student's application, Recommendation Forms and Supplemental Letters (via email, fax or mail) by **October 18, 2017**.

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