



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

2017 Texas Midwifery Creation Scholarship

PURPOSE:

The purposes of The Texas Midwifery Creation Scholarship Fund are to:

- Provide financial support to student members of American College of Nurse Midwives (ACNM) who are enrolled with good standing in an Accreditation Commission for Midwifery Education (ACME) pre-accredited or accredited educational program and have a stated intention to practice as a CNM/CM in Texas. Preference will be given to students with Texas roots such as residence, family, education, or prior clinical work in Texas.
- Honor those who have contributed to midwifery in Texas through clinical practice, education or advocacy.

The first two Texas Midwifery Creation Scholarships were given in memory of Nivia Nieves Fisch, CNM, FACNM, and in honor of Sr. Angela Murdaugh, CNM, MS, FACNM, both much beloved legend in the Texas midwifery community.

AWARD AMOUNT: \$1,000.00

APPLICATION DEADLINE: October 18, 2017

ELIGIBILITY REQUIREMENTS – ALL APPLICANTS:

- Be enrolled as a student in good standing in an ACME-accredited or pre-accredited basic midwifery education program
- 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.
- **Have a stated intention to practice as a CNM/CM in Texas.**
- **Preference will be given to students with Texas roots such as residence, family, education, or prior clinical work in Texas.**

COMPLETE APPLICATIONS MUST INCLUDE THE FOLLOWING:

- Part 1 – Applicant Information
- Part 2 – Statement Regarding Eligibility and Priority
- Part 3 – Educational and Professional Background
- Part 4 – Goals and Plans for Future Midwifery Practice in Texas
- Part 5 – Statement about Texas Roots
- Part 7 – Letter of Recommendation [**To be submitted under separate cover**]
- Part 8 – Program Director - Faculty Verification Form [**To be submitted under separate cover**]

Applications and Recommendations may be submitted by email, fax or mail to:

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

Email: foundation@acnmf.org
Fax: (617) 876-5822
Telephone: (240) 485-1850



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PART 1: Applicant Information

(Note: Complete application in full. Do NOT attach resume or CV.)

PART 1a: Applicant Name and Contact Info

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

Part 1b: Midwifery Education Program/ACNM Membership

Midwifery Education Program				
Status:	Full Time:	Part Time:	Start Date:	Expected Graduation Date:
ACNM	Membership #:		ACNM Region #:	



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PART 1c: Statement of Eligibility and Priority:

		Yes	No
Eligibility – Intention to Practice in Texas	After graduation, I have an intention to practice as a CNM/CM in Texas.		
Priority – Texas Roots	I have Texas Roots as determined by residence, family, education, or prior clinical work in Texas.		

PART 2: Applicant Statement

If awarded The A.C.N.M. Foundation, Inc. Texas Midwifery Creation Scholarship, I agree to the following:

- I certify that the information above concerning my eligibility/priority for this scholarship and my statements in Parts 4 and 5 are accurate.
- 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, the Consortium of Texas Certified Nurse-Midwives (CTCNM), and the Texas Midwifery Creation Scholarship in any related professional activities, including presentations, as well as announcements, publicity or publications that make reference to the scholarship.

Applicant signature: _____

Date: _____



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PART 3: Educational and Professional Background

PART 3a: Education

	School	Grad. Date	Degree	GPA
Basic Nursing				
Baccalaureate				
Graduate				
Other				

PART 3b: Professional experience, beginning with most current position *(Attach additional page if needed)*

Agency / Facility:	Position:	Dates:



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PART 3c: Professional organization memberships

Organization:	Office:	Dates:

PART 3d: Community Service and Volunteer Activities

Organization	Description/Location	Dates

PART 3e: Professional activities (presentations, publications) and honors

Title	Description/Location/Reference	Dates



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PART 4: Goals and Plans for Future Midwifery Practice in Texas

Describe your intended goals and plans to practice as a CNM/CM in Texas after graduation. Please include time frames and any specifics about commitments from potential future Texas employers (100-300 words).



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PART 5: Texas Roots: Residence, family, education, or prior clinical work

Describe in your own words the roots you have in Texas. Include specific information about living, working or going to school in Texas, as well as having relatives in Texas. If you meet more than one category, please include all (75-250 words).



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PART 6: Letter of Recommendation

Please solicit one letter of recommendation from ONE appropriate source who can specifically attest to the following, with evidence or examples if possible:

- Your passion for the health and well-being of women, infants and families.
- Your potential for future contributions to the practice of midwifery in Texas.

Please provide the following information about the individual submitting your letter of recommendation:

Name:	
Title:	
Phone:	
Email:	
Relationship to you:	

The Letter of Recommendation should be submitted directly to the Foundation Office (via email, fax or mail) by October 18, 2017:

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PO Box 380272
Cambridge, MA 02238-0272

Email: foundation@acnmf.org
Fax: (617) 876-5822
Telephone: (240) 485-1850

The Letter of Recommendation should NOT be sent with the student's application.



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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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