



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

## 2018 Fellowship for Graduate Education Application

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### PURPOSE:

The A.C.N.M. Foundation, Inc. Fellowship for Graduate Education is awarded to CNM/CMs who are enrolled in doctoral or post-doctoral education. The purpose of the fellowship is to encourage CNM/CMs to pursue doctoral or post-doctoral education. Applicants are judged on excellence in the following areas: academic achievement/career plans, leadership potential, quality of a scholarly work sample, intended use of funds, and academic recommendations. This year the Fellowship is supported by the Catherine A. Carr Scholarship Fund.

**AWARD AMOUNT: \$5,000.00**

**APPLICATION DEADLINE: MARCH 1, 2018**

### ELIGIBILITY REQUIREMENTS:

- Be a certified nurse-midwife (CNM) or a certified midwife (CM);
- Be a current member of the American College of Nurse-Midwives (ACNM);
- Be actively enrolled in a doctoral or post-doctoral education program and be a student in good standing

### COMPLETE APPLICATIONS MUST INCLUDE THE FOLLOWING:

- **Part 1:** Applicant Information
- **Part 2:** Professional and Academic Background, including CV and Scholarly Work Sample
- **Part 3:** Graduate Program Information
- **Part 4:** Academic Career Plans
- **Part 5:** Intended Use of Funds/Budget Outline
- **Part 6:** Future Contributions to Midwifery
- **Part 7:** Academic Program Verification Form - to be submitted by your program director at the following site: <http://conta.cc/2iWi0xA>
- **Part 8:** Academic Recommendations from two (2) individuals, at least one of whom is a CNM or CM, to be submitted at the following site: <http://conta.cc/2iWmWm2>

Completed applications must be submitted no later than **March 1, 2018** by email, fax or mail to:

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

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



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### PART 1: Applicant Information

#### PART 1a: Applicant Name and Contact Info

<b>Name:</b>				
<b>Academic/ Clinical Credentials</b>				
<b>Current Address:</b>	<b>Street:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>Country:</b>
<b>Phone:</b>	<b>Home:</b>	<b>Cell:</b>	<b>Fax:</b>	
<b>Email:</b>				

<b>ACNM Membership #:</b>	<b>Year Certified by ACNM/AMCB:</b>

### PART 1b: Applicant Statement

If awarded an A.C.N.M. Foundation, Inc. Fellowship for Graduate Education, I 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, including presentations and publications, which directly result from the award.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### **PART 2: Professional and Academic Background**

Please attach the following as PDF files:

- A. Curriculum Vitae that includes all relevant professional activities
- B. A sample of up to 30 pages of scholarly work that represents your academic writing and analytic abilities.

**Briefly describe the scholarly work submitted and explain how it relates to your graduate program, if it does. In lieu of a sample of scholarly work, you may submit a 5-10 page paper that explains how completion of the graduate program will contribute to your professional development and/or how you plan to use the competencies achieved in your program for future professional roles.**



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### PART 3: Graduate Program Information

<b>Name of Program:</b>				
<b>Academic Institution:</b>				
<b>Address:</b>	<b>Street:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip code:</b>	<b>Country:</b>
<b>Degree:</b>	<b>Degree Being Sought:</b>			<b>Expected Graduation Date:</b>
<b>Graduate Program Description (brief):</b>				
<b>Dissertation/Thesis Topic:</b>				



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### PART 4: Academic Career Plans

What are your five-year academic career plan(s)?



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### **PART 5: Intended Use of Funds/Budget Outline**

**If awarded a \$5,000 Fellowship, what is your intended use of the funds? Please describe in narrative terms and, if appropriate, include a budget outline.**



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### **PART 6: Future Contributions to Midwifery**

What is your intended future participation in the local, regional, and/or national activities of the American College of Nurse-Midwives, and in activities that otherwise contribute substantially to midwifery research, education, or practice?