**2020 Midwifery Scholarship Application**

**PURPOSE:**

The WA Affiliate of ACNM Annual Meeting scholarships are awarded to midwifery students and a CNM/CM to support registration and travel expenses towards attending the Annual Meeting. This enables recipients to see their professional organization at work, participate in continuing education, and be a part of the ACNM community. The affiliate supports attendance to the annual meeting to increase the number, quality and diversity of leaders within the affiliate. All applicants are judged on academic excellence, financial need, and leadership potential criteria.

**AWARD AMOUNT: $1,000.00**

**AWARD TYPE:**

* 3 awards available to student midwives, 2 awards for students who identify as student midwives of color, and 1 award available to CM/CNM
  + Applicants may apply for more than 1 scholarship, if eligible, but will only be awarded one.

**APPLICATION DEADLINE: March 13, 2020 at midnight**

Applications or questions submitted by email to: ashdharlan@gmail.com

**ELIGIBILITY REQUIREMENTS- ALL APPLICANTS**

* Be current member/ student member of ACNM in good standing who has not previously received award
* Must attend full ACNM meeting in Austin, Texas May 29th - June 2nd and volunteer during one shift in midwifery marketplace and attend or review orientation.
* Agree to give brief overview of experience at fall affiliate meeting either as presentation or written format
* Must be attending or have graduated from accredited midwifery education program

**COMPLETE APPLICATIONS MUST INCLUDE THE FOLLOWING:**

* Part 1- Applicant Information
* Part 2- Educational and Professional Background
* Part 3- Statement of Career Goals and Plans
* Part 4- ACNM Leadership Activities and Plans
* Part 5- Financial Information
* Part 6- Eligibility/ Supplemental Information (SMOC and Practicing CNM/CM scholarships only)
* Part 7- Applicant Statement
* Part 8- Recommendation from midwifery education program director, member of program faculty, or preceptor. For practicing CNM/CM a recommendation from colleague or mentor. Please have them email ashdharlan@gmail.com for submission and remind them that recommendation is also due by: **March 13th at midnight**

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**PART 1: Applicant Information**

**Name and Contact Info**

Name:

Credentials:

Current Address:

Phone:

Email:

**Midwifery Education Program/ ACNM Membership**

Midwifery Education Program:

Start Date:

Expected Graduation Date:

Status: Full Time \_\_\_ Part Time \_\_\_ Graduated \_\_\_

Year of graduation:

Years in practice:

ACNM Membership Number:

Date you joined ACNM:

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**PART 2: Educations and Professional Background**

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
|  | School | Degree | GPA |
| Baccalaureate |  |  |  |
| Graduate |  |  |  |
| Other |  |  |  |
|  |  |  |  |

**Professional experience, beginning with most current position**

|  |  |  |
| --- | --- | --- |
| Agency/Facility | Position | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**Professional organization memberships**

|  |  |  |
| --- | --- | --- |
| Organization | Offices held, leadership roles, or special project participation | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

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**Professional/academic honors**

|  |  |  |
| --- | --- | --- |
| Organization | Description | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**jsks**

**Professional Activities (research, publications, presentation of lectures or workshops)**

|  |  |  |
| --- | --- | --- |
| Title | Location | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other volunteer work**

|  |  |  |
| --- | --- | --- |
| Organization | Description | Dates |
|  |  |  |
|  |  |  |
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**PART 3: Statement of Career Goals and Plans**

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| --- |
| State your 5 year plan(s) related to your practice of midwifery (250 words or less) |
|  |

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**PART 4: ACNM Leadership Activities & Plans**

|  |
| --- |
| Share your past and current leadership activities and other relevant experience with the ACNM 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 5: Financial Information**

Statement of financial need

|  |
| --- |
| Briefly explain your need for financial assistance to attend the annual meeting. All pertinent information will be considered (100 words or less) |
|  |

Intended Use of Funds

|  |
| --- |
| How would you use the funds to support attending the annual meeting (100 words or less) |
|  |

**2020 Midwifery Scholarship Application**

**PART 6: Eligibility Requirement for Student Midwife of Color Scholarships**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

Student Midwife of ColorScholarship: Do you self-identify as a student midwife of color?

**Part 7: Applicant Statement**

If awarded a WA Affiliate Annual Meeting Scholarship, I agree to the following:

* I certify that the information above concerning my eligibility for specific scholarships and my statement of financial needs in Part 5 is a complete and accurate assessment.
* I will only use funds towards expenses related to attending annual meeting in Austin, TX.
* I will volunteer at one shift at the WA Affiliate table of midwifery marketplace and attend/review any orientations.
* I will attend the affiliate fall meeting to give a brief presentation of experience or give written update to President prior to meeting date.

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**