

**NYC Midwives
Student Scholarship**

APPLICATION INSTRUCTIONS

ELIGIBILITY REQUIREMENTS:

Eligible applicants must:

- Be enrolled as a student in good standing in a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME);
- Anticipate graduation from the education program during the current academic year;
- Be a current member of the ACNM national, the NYS affiliate (NYSALM), and NYC Midwives Chapter.

IF ELIGIBLE:

Carefully read the following application instructions. Provide all information requested—either type or write legibly.

Part 1 – Applicant information form – complete, sign and date **Be sure to indicate if you self-identify as an under-represented midwifery student of color, and are applying for the Student of Color scholarship**.****

Part 2 – Personal statements – complete as instructed.

Part 3 – Academic Faculty recommendation form – request recommendation from one midwife member of your Midwifery Program faculty. She/he must complete the *Academic Faculty Recommendation Form*, place it in a sealed envelope, and sign her/his name over the seal before returning the envelope to you.

Part 4 – Professional recommendation form – request recommendation from another individual who knows you in a professional or clinical capacity. This recommendation may be provided by a clinical preceptor. She/he must complete the *Professional Recommendation Form*, place it in a sealed envelope, and sign her/his name over the seal before returning it to you.

EMAIL THE COMPLETE APPLICATION (PARTS 1-4) AS ONE PACKET TO:

Karen Burgin, CNM
530 Valley Road, Apt. 6G
Montclair, NJ 07043

Only applications that are complete and postmarked by April 1, 2019 will be considered.

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PART 1: APPLICANT INFORMATION FORM

Name:

****I self-identify as an under-represented midwifery student of color and am applying for the Student of Color Scholarship****

Yes No

Current Mailing Address:

Email address:

Phone:

Midwifery program:

Name of program:

Expected graduation date:

Current ACNM membership:

ACNM national membership number:

(please attach a copy of your current membership card)

Current member of NYC Midwives _____ Yes _____ No

(Applicants may join up to March 15, 2019)

Applicant signature:

Date:

PART 2: PERSONAL STATEMENTS

1. Describe your involvement in the chapter and your plans for future involvement (10 points). *100 word limit*
2. Describe a significant experience you have had as a student midwife and why it was meaningful to you (20 points). *200 word limit*
3. Choose a midwifery-related topic you are passionate about and explain why it is important to you (30 points). *500 word limit*

You may write about anything you wish. Some possible examples of topics:

Diversity and inclusion in the midwifery profession;

Physiologic birth;

Reducing the c/s rate;

Reduction of maternal and infant mortality;

Reproductive health;

Healthcare disparities

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PART 3: ACADEMIC FACULTY RECOMMENDATION FORM

Applicant's Name:

Midwifery Program:

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, I DO I DO NOT waive my right of access to review this recommendation form.

I, hereby, authorize the recommender to provide the requested information regarding my academic and clinical performance in the midwifery education program in which I am currently enrolled.

Applicant's signature

Date

All NYC Midwives Scholarship applications must include one recommendation from a faculty CNM/CM who has participated in the student's midwifery education. Please provide answers to the following questions. Sign this form after completing, put it in an envelope, seal, and sign your name across the seal. Give the sealed envelope to the applicant, who will submit it with her/his application. Do not mail this recommendation separately.

1. Does the applicant meet the following NYC Midwives eligibility requirements?

Enrollment in an accredited midwifery program? Yes No

Good academic standing? Yes No

Anticipated date of graduation in current academic year? Yes No

2. Rate the applicant's **academic** performance thus far in your midwifery education program.

Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

3. Rate the applicant's **clinical** performance thus far in your midwifery education program.

Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

PART 3: FACULTY RECOMMENDATION FORM (Continued)

4. Rate the applicant's leadership potential.
Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

In one paragraph, explain why you think this applicant is qualified to receive a scholarship from NYC Midwives.

Faculty name (print): _____

Faculty signature: _____ Date: _____

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PART 4: PROFESSIONAL RECOMMENDATION FORM

Applicant's Name:

Midwifery Program:

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, _____ I DO _____ I DO NOT waive my right of access to review this recommendation form.

I, hereby, authorize the recommender to provide the requested information.

Applicant's signature

Date

All NYC Midwives Scholarship applications must include one recommendation from an individual who knows the applicant in a professional or clinical capacity. Please provide answers to the following questions. Sign this form after completing, put it in an envelope, seal, and sign your name across the seal. Give the sealed envelope to the applicant, who will submit it with her/his application. Do not mail this recommendation separately.

1. How long and in what capacity have you known the applicant?

2. Rate the applicant's leadership potential.

Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

3. Rate the applicant's integrity.

Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

4. Rate the applicant's sense of responsibility.

Circle one answer (1 = lowest rating, 5 = highest rating)

(lowest) 1 2 3 4 5 (highest)

**PART 4: PROFESSIONAL RECOMMENDATION FORM
(Continued)**

In one paragraph, explain why you think this applicant is qualified to receive a scholarship from NYC Midwives.

Recommender's name (print): _____

Professional title (print): _____

Recommender's signature: _____ Date: _____