



Melanated Midwives Student Midwife Scholarship Application

2022-2023 Scholarship Program
Deadline: Postmarked by January 15, 2022

PO Box 16638
Chicago, IL 60616
mmscholarships@melanatedmidwives.com

SCHOLARSHIP PROGRAM CRITERIA

Melanated Midwives has established an annual scholarship for minority students pursuing degrees in midwifery. An individual is eligible to apply for a one-year scholarship for education-related expenses if he or she meets the established criteria. The scholarship amount is \$5000.00 for (1) academic school-year and is not renewable.

Eligibility Requirements:

- Black or African American, Asian, Arabic, Hispanic or Latino, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native
- Citizen of the United States (including Hawaii and Puerto Rico)
- Cumulative college GPA of 3.0 or better on a 4.0 scale (overall and in the chosen area of study)
- Demonstrates a commitment to serving diverse populations
- Currently enrolled in an accredited college or university as a full-time or part-time, graduate degree-seeking (MSN, MS, Post-Master's or DNP) student in a nursing midwifery program
- Currently enrolled in an accredited midwifery program (CPM, CM) as a part-time or full-time student
- Demonstrates leadership abilities through participation in community service, extracurricular, or other volunteer activities

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. **Please submit the following items with this completed application form.**

1. Copy of your most recent **transcript of grades** from current school attending. **An official transcript from the school is required by the January 15, 2022 application deadline.**
2. **Three original letters of recommendation** from individuals who are not related to you, the applicant. One must be from a faculty advisor. At least one should reflect your interest in midwifery. All must be in original form, on professional letterhead, must be signed and addressed to the Scholarship Selection Committee at the address noted below.
3. On a separate sheet of paper, please specify your involvement, and dates of participation, in **community service, extracurricular activities, volunteer involvement**, and any awards and honors you have received. (This can also be submitted by attaching a current resume or CV)
4. On a separate sheet of paper, please prepare a **personal statement**, not to exceed 1,000 words, indicating your interest in and commitment to a midwifery profession, examples of your involvement in your minority community, your career goals, any other information on significant financial difficulties you are experiencing, and why you feel you should be selected to receive the scholarship.
5. Proof of current State Registered Nurse License (if enrolled in Nurse-Midwifery program)
6. Provide proof of citizenship.
7. Provide copy of driver's license or other State-Issued ID (copies of both front and back).
8. Provide a letter of acceptance into your chosen program.
9. Provide a copy of your complete Student Aid Report (SAR). This is obtained after filing your Free Application for Federal Student Aid (FAFSA) and must show the "Application Receipt Date:" "Processed Date:" and "EFC" (estimated family contribution).

Please submit your completed application to: Attn: Scholarship Selection Committee
• Melanated Midwives, NFP • PO Box 16638 • Chicago, IL 60616
• mmscholarships@melanatedmidwives.com

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APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle _____

Gender Female Male Date of Birth _____/_____/_____

Classification for 2022-2023 Full-time Part-time

Type of Academic Program (please check one)

- BSN to MSN/MS Nurse Midwifery Program _____
 MSN/MS in Nurse Midwifery _____
 Post-Master's or DNP Program in Nurse Midwifery _____
 CM or CPM Program

Ethnicity

- Native Hawaiian or Pacific Islander Black or African American Hispanic or Latino
 American Indian or Alaskan Native Asian
 Two or more races (all persons who identify with more than one of the above six races)

| Permanent/Home Address | Temporary/School Address (if different) |
|-------------------------------|--|
| Street _____ | Street _____ |
| City _____ | City _____ |
| State _____ Zip _____ | State _____ Zip _____ |

Email address _____

Day Telephone (_____) _____ Evening Telephone (_____) _____

FINANCIAL INFORMATION

Are you receiving other financial aid or support for the upcoming academic year? Yes No

Have you applied for the Melanated Midwives Scholarship in previous years? Yes No

Have you applied for other Scholarships? Yes No Have you applied for Financial Aid? Yes No

If no, why not? _____

A. INDEPENDENT STUDENT

-OR-

B. DEPENDENT STUDENT

Did you personally file income taxes for the previous tax year? Yes No

Did your parent or guardian file income taxes for the previous tax year? Yes No

If yes, number of dependents you claimed?

Did your parent or guardian claim you as a dependent?
 Yes No

Total number of dependents that your parent or guardian claimed?

Are you currently employed? Yes No Full or Part time? _____

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If Employed, where: _____

| PROJECTED ANNUAL SCHOOL EXPENSES FOR 2022-23 | | PROJECTED SOURCES OF INCOME FOR 2022-23 | |
|---|-----------------|--|-----------------|
| Tuition | \$ _____ | Parents' Contribution | \$ _____ |
| Room/Board or Other Housing Expenses _____ | \$ _____ | Grants – specify _____ | \$ _____ |
| Other Educational Expenses-specify _____ | \$ _____ | Scholarships – specify _____ | \$ _____ |
| Other Expenses-specify _____ | \$ _____ | Student Employment Income | \$ _____ |
| Total Projected Expenses | \$ _____ | Total Projected Contribution | \$ _____ |

How did you hear about the Melanated Midwives Student Midwives Scholarship Program?

- Friend Social Media
 Faculty Website
 Parent Other: please specify _____

ACADEMIC INFORMATION

Are you currently registered for classes in a CNM/CM/CPM program at an accredited college or university in the upcoming academic year? Yes No

Expected Graduation Date from Program _____/_____/_____

List name of current CNM/CM/CPM Program:

| Name of School | Location | Dates Attended | Degree/Program Date |
|----------------|----------|----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

AGREEMENT & TERMS OF MELANATED MIDWIVES SCHOLARSHIP APPLICANTS

I understand that the Melanated Midwives Scholarship Committee may request additional information, including a personal/phone interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, books, apps, midwifery equipment, room and board, utilities, transportation to clinical sites, and other educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, that I must submit documentation of these educational expenses, which, I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Melanated Midwives Scholarship. I authorize Melanated Midwives to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature _____ Date _____

**For questions or additional information please contact Melanated Midwives at
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List of Expected Educational Expenses:

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