



**A.C.N.M. FOUNDATION, INC.
2010 VARNEY PARTICIPANT AWARD
APPLICATION INSTRUCTIONS**

The Varney Participant Award is awarded to students enrolled in an ACNM ACME accredited basic midwifery education program, to enable them to participate in the ACNM Annual Meeting.

ELIGIBILITY REQUIREMENTS:

Eligible applicants must:

- be enrolled as a student in good standing in an ACNM DOA accredited basic midwifery education program
- have successfully completed one academic or clinical semester/quarter or clinical module
- be a current student member of the American College of Nurse-Midwives (ACNM)
- be a first time award recipient of the Varney Participant Award
- agree to complete a brief data collection form for the ACNM Foundation within one year, if an award is received. Submission of this application serves as your consent to complete the form.

IF ELIGIBLE:

Carefully read the following application instructions. Provide all information requested in Parts 1-3.

Applications must be submitted electronically and must be typed. Mailed, faxed, or handwritten applications WILL NOT BE CONSIDERED.

Part 1 Applicant Information Form - Complete and sign as instructed.

Part 2 Statement of Goals and Plans - Complete as instructed.

Part 3 Program Director Verification/Recommendation -

Your Program Director must complete and sign the Program Director Form, and return the form to you electronically for submission with your application.

E-MAIL THE COMPLETE APPLICATION (PARTS 1-3) AS ONE PACKET TO Brittany Geger at bgegor@acnm.org. Please write: “Scholarship Application” in the subject line.

ONLY APPLICATIONS THAT ARE COMPLETE AND E-Mailed to Brittany Geger at bgegor@acnm.org, NOT LATER THAN FRIDAY, April 16, 2010 WILL BE CONSIDERED.

A.C.N.M. FOUNDATION, INC.
2010 VARNEY PARTICIPANT AWARD
PART I: APPLICANT INFORMATION FORM

Contact Information

Name _____

Current Address _____

Home Phone _____ E-mail _____

Cell Phone _____

Midwifery Education Program Information

Midwifery Education Program _____

Program Start Date _____ Expected graduation date _____

ACNM Membership Status Information

ACNM Membership Number: _____

Applicant Statement

There are no foreseen circumstances that would prevent me from meeting the following expectations of a Varney Participant at the Annual Meeting including:

Attendance at:

- all official business meetings
- a regional meeting
- all scheduled student meetings/activities
- at least one committee or division meeting
- A.C.N.M. Foundation Donor Reception, Friday, June 11, 2010 (optional)
- Event hosted by Mary C. Brucker, PhD, CNM, FACNM - Professor, Associate Dean & Graduate Program Director of the Baylor School of Nursing.
- Identification of and involvement in an activity with a person in a current ACNM leadership position under the guidance of Mary C. Brucker, PhD, CNM, FACNM.

Applicant Signature _____ Date _____

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PART 2: STATEMENT OF GOALS AND PLANS

State your history of participation in local activities and your intended future participation in the local, regional, and/or national activities of the American College of Nurse-Midwives (100 words or less).

State your plans related to attendance at the 55th ACNM Annual Meeting & Exhibit in Washington, D.C. (100 words or less).

If you were to receive \$750 from the A.C.N.M. Foundation, Inc. as a Varney Participant, how would you use these funds? (100 words or less).

Applicant Signature _____ Date _____

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PART 3: PROGRAM DIRECTOR VERIFICATION/RECOMMENDATION

Applicant's Name _____

Midwifery Education Program _____

A.C.N.M. Foundation Varney Participant Applications must include this form, completed by the applicant's Midwifery Education Program Director. Please **type** answers to the following, then sign, scan and send an electronic copy to the student applicant. **This form MUST accompany the student's electronic submission. Do not mail or email this recommendation separately.** If you wish to add additional information you may do so (see instructions below).

1. Does the applicant meet the following *A.C.N.M. Foundation Varney Participant* eligibility requirements?

Enrollment in an ACNM accredited midwifery program? Yes No, please explain

Good academic standing? Yes No, please explain

Successful completion of one academic or clinical semester/quarter? Yes No, please explain

2. Please rate the applicant's academic and clinical performance thus far in your midwifery education program. Circle one answer only [1=lowest rating, 5=highest rating].

(Lowest) 1 2 3 4 5 (Highest)

3. Please rate the applicant's potential for professional leadership in midwifery and professional contributions to ACNM. Circle one answer [1=lowest rating, 5=highest rating].

(Lowest) 1 2 3 4 5 (Highest)

4. If there is any additional information that you would like to include, you may attach a separate page for submission with the student's full application. **OR:** If you wish to send a confidential letter to the A.C.N.M. Foundation Scholarship Committee, it may be submitted electronically to: **Brittany Geger at bgegor@acnm.org, NOT LATER THAN FRIDAY, April 16, 2010. Please write: "CONFIDENTIAL Varney Participant" in the subject line.**

Program Director Name _____

Program Director Signature _____ Date _____

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