



# Melanated Midwives Student Midwife Scholarship Application

**2021-2022 Scholarship Program**  
*Deadline: Postmarked by January 15, 2021*

PO Box 16638  
Chicago, IL 60616  
[melanatedmidwives@gmail.com](mailto:melanatedmidwives@gmail.com)

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## **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, 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, 2021 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  
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**APPLICANT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Classification for 2020-2021  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)

<b>Permanent/Home Address</b>	<b>Temporary/School Address (if different)</b>
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: \_\_\_\_\_

<b>PROJECTED ANNUAL SCHOOL EXPENSES FOR 2021-22</b>		<b>PROJECTED SOURCES OF INCOME FOR 2021-22</b>	
Tuition	\$ _____	Parents' Contribution	\$ _____
Room/Board or Other Housing Expenses _____	\$ _____	Grants – specify _____	\$ _____
Other Educational Expenses-specify _____	\$ _____	Scholarships – specify _____	\$ _____
Other Expenses-specify _____	\$ _____	Student Employment Income	\$ _____
<b>Total Projected Expenses</b>	<b>\$ _____</b>	<b>Total Projected Contribution</b>	<b>\$ _____</b>

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:

<b>Name of School</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Degree/Program Date</b>
_____	_____	_____	_____
_____	_____	_____	_____

**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 [info@melanatedmidwives.org](mailto:info@melanatedmidwives.org)**

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**List of Expected Educational Expenses:**


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