



Maternal-Child Health Education, Training, Consultation and Support

Motherbabysupport.net

Student Midwife of Color Scholarship Fund

REFERENCE FORM FOR STUDENT MIDWIFE SCHOLARSHIP

MIDWIFE RECOMMENDATION FORM

Dear Midwifery Student Preceptor _____ (**Midwife's Name**):

Your midwifery student _____ (**Midwifery Student Applicant name**) is applying for our **Student Midwife Scholarship Fund**. This scholarship provides awards for BIPOC direct-entry midwifery students who are pursuing becoming Certified Professional Midwives/Licensed Midwives in the State of California and who have an intention to start practicing in Los Angeles County, serving BIPOC families who are Medi-Cal eligible. The award amounts are for \$500, \$1000 and \$1500 and can only be given once per year to students to pay for books, licensing fees, and tuition for midwifery school. Please take the time to provide a reference for your student and return this to us at:

Cordelia.Hanna@motherbabysupport.net. If you have questions, please contact us at (626) 388-2191 ext.

1.

STUDENT MIDWIFE APPLICANT INFORMATION

To be completed by the student midwife applicant

First Name: _____ Last Name: _____

Address: _____ Apt./Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Cellphone: () _____ Email: _____

Year or Phase of Midwifery Training: _____

Name of Midwifery School: _____

Midwifery School Website: _____

Address: _____ Apt./Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Finance Officer Name: _____

Email: _____ Phone Number: _____

Student ID with School: _____ Invoice #: _____

URL for payment: _____

Purpose for which funds will be used. Please check all that apply. They may be used for any of the following purposes:

- Tuition
- Books
- Licensing Fees
- Midwifery medical supplies (doppler, ambu-bag, instruments, etc)

MIDWIFE PRECEPTOR INFORMATION

To be completed by the midwife preceptor/instructor

First Name: _____ Last Name: _____

Professional Status (Check all that apply):

- LM/CPM
- CPM
- LM
- CNM
- MD/OB-GYN

Preceptor's Business Name: _____

Address: _____ Apt./Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Cellphone: () _____ Email: _____

Midwife's website: _____

PLEASE EVALUATE THE STUDENT USING THE SCALE BELOW:

To be completed by the Midwife Instructor

Very Good = 5 Good= 4 Acceptable= 3 Poor = 2 Very Poor=1

Criteria	Very Poor (1)	Poor (2)	Acceptable (3)	Good (4)	Very Good (5)	No Opinion (0)
The student has the necessary characteristics and demonstrates the necessary attributes to become a CPM/LM and work in out-of-hospital settings.						
The student displays professionalism when interacting with my clients of color.						
The student is making progress towards their academic goals of becoming a CPM/LM.						
Student is acquiring competency in skills needed to be an entry-level CPM.						
Student has financial hardships that require financial assistance for midwifery training.						
The student has demonstrated a commitment to completing their midwifery studies by the deadline.						
Student demonstrates an understanding of perinatal health inequities and disparities occurring in BIPOC communities.						
The student has a goal to establish a practice in Los Angeles, California, and work with Medi-Cal clientele.						

Please use the space below to add any additional comments:

I **would** or **would not** (Circle one) recommend this student for the scholarship.

Signature: _____ Date: _____

Please send or email this document to:

Happy Mama Healthy Baby Alliance

600 Lincoln Ave, Unit 92495

Pasadena, CA 91109 USA

Email: Cordelia.Hanna@motherbabysupport.net