



*Maternal-Child Health Education, Training, Consultation and Support*

**Student Midwife of Color Scholarship Fund**

**REFERENCE FORM FOR STUDENT MIDWIFE SCHOLARSHIP**

Dear \_\_\_\_\_ (**Client's Name**):

A midwifery student \_\_\_\_\_ (**name of student midwife applicant**) who attended your birth 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 \$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 the student midwife and return this to us at [Cordelia.Hanna@motherbabysupport.net](mailto:Cordelia.Hanna@motherbabysupport.net). If you have questions, please contact us at (626) 388-2191 ext. 1.

**CLIENT INFORMATION**

**To be completed by client**

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

Address: \_\_\_\_\_ Apt./Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cellphone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Baby's Birthdate:** \_\_\_/\_\_\_/\_\_\_ **Baby's Birthplace:** Home Birth Center Hospital

For statistical purposes:

**How do you identify?**

**Race:**

Hispanic

Non-Hispanic

**‘Ethnicity (check all that apply):**

- African-American/Black
- Latina
- Asian/Asian Pacific Islander
- European-American/Caucasian/White
- Native American/Indigenous/American Indian

**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: \_\_\_\_\_

**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**

**This form is to be completed by the student midwife applicant. The midwife listed should be the person who observed your interactions with the client listed on this form.**

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 MIDWIFE USING THE SCALE BELOW:**

**To be completed by the client of the student midwife applicant.**

**Not at All Satisfied = 1 Slightly Satisfied = 2 Moderately Satisfied = 3 Very Satisfied=4  
Completely Satisfied = 5**

Criteria	Not at all Satisfied (1)	Slightly Satisfied (2)	Moderately Satisfied (3)	Very Satisfied (4)	Completely Satisfied (5)	No Opinion (0)
The student has the necessary characteristics and personality that would make a good midwife.						
The student displayed respect, cultural sensitivity and professionalism when interacting with me and my baby and partner.						
The student's midwifery skills were adequate when working with me and my baby.						
The student provided me with important and valuable health information about my						

Criteria	Not at all Satisfied (1)	Slightly Satisfied (2)	Moderately Satisfied (3)	Very Satisfied (4)	Completely Satisfied (5)	No Opinion (0)
pregnancy and birth and baby.						
The student demonstrated humility when working with us.						

**Please use the space below to add any additional comments:**

**Do you recommend this student for the scholarship?**

- **Yes, I recommend the student**
- **No, I do not recommend the student.**

**Please explain why or why not using the space below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_