

Student Grant Application Form

Name:

College of Midwives membership number:

Midwifery School:

Grant you are applying for *please circle*:

Enrolled in 3-year programme: 2nd year grant 3rd year grant

Enrolled in 4-year programme: 3rd year grant 4th year grant

Criteria:

- 1. Be a College of Midwives member**
- 2. Intend to practice in Aotearoa on graduation**
- 3. One letter of support from either your lecturer, Te Ara ō Hine or Tapu Ora liasion**
- 4. Please share with us how the grant will benefit you.**