**ANNUAL MEETING SCHOLARSHIP APPLICATION**

(please print or type)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTION OR STUDY GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

|  |  |  |
| --- | --- | --- |
|  |  | I am currently employed as a medical staff services professional. If yes, number of years: \_\_\_\_ |
|  |  | I am a member in good standing of the Washington Association Medical Staff Services. |
|  |  | I have not been awarded a WAMSS Scholarship fund within the last 3 years |
|  |  | I am currently CPMSM certified |
|  |  | I am currently CPCS certified |
|  |  | I am currently a WAMSS officer/Board member/chapter officer/appointed and/or paid official of the WAMSS organization. |

Please attach a personal, 500 word or less, typewritten statement about past, present, and planned contributions to the medical staff services profession with a brief review of how participation in the planned activity will be of benefit to the applicant both professionally and personally. In addition, please include explanation of attempts in securing funding or unsuccessful avenues to attend the annual meeting.

Attach proof or copy of your registration for the annual meeting. (If applicant does not attend the WAMSS annual meeting, funds shall be reimbursed back to the treasurer of the state organization.

I hereby request consideration of my application for scholarship funds offered by WAMSS. I enclose the requested supporting documentation to assist the Scholarship Committee in arriving at a recommendation. I attest that the information submitted within this application is true and accurate. I further understand that false representation or misstatements may cause denial of my application.

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

Please mail the completed form to:

WAMSS Scholarship Committee Chair:

Email: **scholarshipchair@wamss.org**