



WAMSS ANNUAL MEETING SCHOLARSHIP POLICY
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PURPOSE: To provide financial assistance for two (2) individuals per year in the amount not to exceed \$750.00 each. The funds are to be used to offset annual meeting expenses such as room, registration, transportation and meals.

CRITERIA: The applicant must:

1. Be actively involved in the profession of medical staff services for at least 12 months prior to application.
2. Be a current member of WAMSS.
3. Not be a member of the WAMSS Board or WAMSS Scholarship Committee (Committee) at the time of application.
4. Not have received WAMSS scholarship funding within the past three years.
5. Provide proof or a copy of registration at the annual meeting. (If the applicant does not attend the WAMSS annual meeting, funds shall be reimbursed back to the treasurer of the state organization.

INSTRUCTIONS:

1. The WAMSS Annual Meeting scholarship is given to two (2) individuals annually as determined by the Committee.
2. The applicant must submit a completed application on the current, official WAMSS Annual Meeting Scholarship form (attached). An applicant must submit a written request for the scholarship to include:
 - Name, mailing address, daytime phone, e-mail, and fax.
 - A summary of the applicant's attempts to secure registration funding through employer/Medical Staff or other avenues.
 - A narrative of why the applicant wishes to attend the conference and what the expected outcomes will be, as well as how the applicant hopes to use the tools she/he receives from the conference.
3. The deadline for submitting the application to the WAMSS Scholarship Committee Chairperson is March 15th of each year.
4. Upon receipt of the scholarship applications, the Committee will review each application. Those individuals selected will be referred to the WAMSS Board of Directors, no later than April 15th to the Board for information.



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5. The applications shall be evaluated by the following criteria noted below (see annual meeting scholarship scoring tool):
- Current CPMSM or CPCS Certified or Both
 - Current membership in WAMSS
 - Did the statement include how the annual conference would benefit the applicant personally and professionally?
 - Did the statement include a description of past, present, and future contributions to the profession?
 - Does the statement lead you to believe the applicant intends to be more involved in WAMSS in the future?
 - Involved in the medical staff services profession for at least 12 months prior to application

Following the Board's decision, the applicants will be notified by the WAMSS Scholarship Committee chair in a timely manner via mail, fax, or e-mail.

Announcement of the award(s) will appear in the future publication of the WAMSS Privileged Information Newsletter.



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