



JUDY KLECKNER SCHOLARSHIP for ADVANCED STUDIES POLICY

PURPOSE: To provide financial assistance to one (1) WAMSS member per year in an amount not to exceed \$500.00.

CRITERIA: The applicant must:

1. Be certified as a Certified Professional Medical Services Management (CPMSM) or a Certified Provider Credentialing Specialist (CPCS).
2. Be actively involved in the medical staff services profession.
3. Be a current member of WAMSS.
4. Not be a current member of the WAMSS Board (Board) or WAMSS Scholarship Committee (committee).
5. Currently plan or have plans of participation in a formal accredited educational program that will foster personal and professional growth and enhance knowledge and competence in the field of medical staff services.
6. Applicant to provide proof or copy of course enrollment.

INSTRUCTIONS:

1. This scholarship is given annually if there is an applicant who qualifies as determined by the Committee.
2. WAMSS members enrolled or planning to enroll at a college or university in a course of study are eligible to apply. Approval of the course of study need not necessarily be prior to application. Request for approval may be implicit with the application.
3. Applicants must submit a completed application form. An application is considered complete when the form and all required supporting documents have been received.
4. Applicants must provide descriptive materials relating to the current or planned educational activity for which the award is being sought. The material must contain information about the cost of the activity.
5. Applicants must also submit with the application a personal, 500 words or less, typewritten statement about past, present, and planned contributions to the medical staff services profession with a brief review of how the participation in the planned educational activity will be of benefit to the applicant both professionally and personally.
6. All applicants will be evaluated by the following criteria:
 - Commitment toward educational growth as a medical staff services professional.
 - Commitment toward the enhancement of professionalism in the field of medical staff services.
 - Sincere enthusiasm and support for the goals of WAMSS.
 - Future benefits to WAMSS resulting from educational assistance to the applicant.

Note: Financial need is not a criterion for selection.

7. Applicant(s) will provide a letter of recommendation from an individual familiar with the applicant's most recent work and/or education experiences.
8. Applications are to be submitted to the WAMSS Scholarship Committee Chair by **January 15th** of each year for consideration by the Committee. The Committee shall complete its deliberations and submit recommendations to the WAMSS Board (Board) by **February 15th**.
Following the Board's decision, applicants shall be notified by the WAMSS Scholarship Committee Chair in writing via e-mail, mail, or fax.
Announcement of the award(s) will appear in the future publication of the WAMSS Privileged Information Newsletter.
8. Approved scholarships will be granted with evidence of enrollment and disbursed after proof of registration (receipts) has been received.



JUDY KLECKNER SCHOLARSHIP FOR ADVANCED STUDIES 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 been accepted into a formal accredited educational program at _____
		I am currently receiving other financial aid and/or scholarships. If yes, please explain: _____ _____ _____

Attached, please find:

- Descriptive materials relating to the current or planned education activity – to include information about the cost of the activity.
- 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 professional and personally.
- A letter of recommendation from a person familiar with the applicant's most recent work and/or education experiences.
- Copy of course enrollment.

I hereby request consideration of my application for scholarship funds offered by WAMSS. I have enclosed the requested supporting documentation to assist the WAMSS 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 completed form to:

WAMSS Scholarship Committee Chair:
Email: scholarshipchair@wamss.org