MAMSS
Massachusetts Association Medical Staff Services

For the Medical Staff Services Professional
2019
Annual Scholarship Application

Part 1. Applicant Information
(Name, address, phone, fax, e-mail and job title to be blinded by President of MAMSS before distribution for scoring)

Name: _________________________________________________________________

Business Address: _______________________________________________________

Business Phone: ____________ Fax: ____________ E-Mail: __________________

Job Title: ______________________________________________________________

How many years have you been a member of MAMSS? _________________

Are you a member of NAMSS? Yes_______ No_______

Membership in other professional associations: ______________________________

_______________________________________________________________________

Are you certified? CPMSM _____ CPCS _____ Planning to take exam*_______

If planning to take exam, please indicate anticipated month/year _________

Professional Links to our state and national organizations:

MAMSS: www.namss.org/Massachusetts

NAMSS: www.namss.org
Part 2. Scholarship Information

All scholarships are to be used strictly for the purpose of furthering your professional education in Medical Staff Services. Scholarship funds may be used towards college courses, educational conferences, certification preparation courses, or related travel expenses. Funds must be used within one calendar year of the award being issued. **Successful applicants must provide the Board of Directors with evidence of appropriate use of funds (i.e. course completion certificate, registration receipt, etc.).**

I understand the only person who will know the identity of the applicant is the President of MAMSS and that this application will have my personal information blinded prior to distribution to Scholarship Committee for scoring. I further understand that scoring shall be based on a ranking system with each Scholarship Committee member ranking the applications in order of who they determine has made the best presentation to be awarded a scholarship.

*I have read the above information regarding the selection of the scholarship winner, and use of the scholarship. I agree to abide by the rules for use of the scholarship should it be awarded to me. I attest that I have read the Scholarship Policy and I currently met the eligibility criteria set forth in the policy.*

*I have read the above information and understand and agree that I will need to provide documentation/receipts, etc., prior to the scholarship award being provided to me.*

*I also authorize MAMSS to utilize this application for the summer membership spotlight.*

________________________________________________  ___________________
Applicant Signature       Date
Part 3. **Application Questions.** Please answer all questions below. You may attach additional pages if necessary.

1. How do you anticipate using the scholarship funds?

   __________________________________________________
   __________________________________________________
   __________________________________________________

2. Please describe the goals you hope to achieve in the medical staff services profession with continued educational activities.

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

3. How have you benefited both personally and professionally from your membership in MAMSS?

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

4. Please describe or provide an example of the impact you have made in your role as a Medical Staff Services Professional.

   __________________________________________________
   __________________________________________________

5. Please provide comment as to why you believe you should be awarded this scholarship *(including a note describing the future benefits to yourself and MAMSS as a result of this scholarship).*

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

---

**For MAMSS President Only:**

Date application submitted: ________________
Blinded application to Scholarship Committee: ________________
Applicant to receive scholarship: [Yes] [No]
If yes, date money disbursed to applicant: ________________
Documentation of educational activities received: ________________