2027 MAMSS ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

PURPOSE: To provide the opportunity for an individual to acquire additional knowledge and continuing education units by attending the MAMSS Annual Conference.

CRITERIA:

1. Must be an active member of MAMSS of at least twelve (12) months in good standing at the time of the application and at the time of the Annual MAMSS Conference.
2. Scholarship will be awarded to one applicant.
3. Must have a minimum of two years' experience in the medical staff services profession.
4. Participation and support toward the goals of MAMSS.
5. Must not have been awarded a MAMSS Conference scholarship within the past three (3) years.
6. Must not have previously declined a MAMSS Conference scholarship when awarded within the past three (3) years.
7. Scholarship must be used for the MAMSS Conference in the year the scholarship is awarded.

DOCUMENTATION:

1. MAMSS membership will be confirmed by the Membership Coordinator.
2. A 400-word personal statement of educational goals and objectives.
3. A letter from the applicant's supervisor supporting and approving their attendance at the conference.

AWARD:

One (1) scholarship up to a $400.00 value will be awarded to the recipient in the form of conference registration, hotel accommodation and other approved expenses (travel, meals if not provided by MAMSS). The MAMSS Board of Directors will choose and notify the recipients of the scholarship based on the Scholarship Committee's recommendation. The MAMSS President will coordinate conference registration and hotel accommodations with recipient.

RECIPIENT RESPONSIBILITIES: Recipient must attend entire conference. Expense report and receipts must be submitted to the MAMSS President within 30 days of attending the conference for reimbursement of expenses beyond registration and hotel accommodation.

DISCLAIMER: The MAMSS Board reserves the right to withhold awarding a scholarship.

DEADLINE: January 31, 2027

2027 MAMSS ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

Name: _____ **Title:** _____

Employer: _____ **Phone:** _____

Email: _____

Address: _____

Describe your participation or role in MAMSS: Please list any specific MAMSS activities, i.e., membership on committees, officer, volunteer at Conference, etc.

_____

_____

_____

_____

Yes No

❒ ❒ I am a current member of the Minnesota Association Medical Staff Services

❒ ❒ I have been awarded this scholarship in the previous three years.

Number of years in the medical staff services profession: _____

❒ **I have included all required materials.** Applicants will not be contacted to submit missing items. It is the responsibility of the applicant to submit all required documents.

I hereby request consideration of my application for the scholarship offered by the Minnesota Association of Medical Staff Services. I attest that the information submitted is true and accurate. I authorize MAMSS to verify my employment.

Signature: _____

Date: _____

DEADLINE: January 31, 2027

SUBMIT APPLICATION TO:

Lexie Thorpe, MAMSS President

Lexie.Thorpe@hcmed.org