

NANCY FORTIN SCHOLARSHIP

**“A QUALITY MEDICAL ASSISTING EDUCATION IS AN INVESTMENT
IN A REWARDING CAREER”**

FACTS YOU WILL WANT TO KNOW:

The Nancy Fortin Scholarship Program is supported by contributions from members and a portion of the proceeds of the Washington State Society Annual Meeting.

The amount of the scholarship is \$500.00 for an academic year.

Only those individuals committed to a medical assisting career with a goal of achieving American Association of Medical Assistants certification are eligible to apply.

Applicant must be currently enrolled in an AAMA CAAHEP accredited program in Washington State.

The Scholarship will be awarded on the basis of interest, need and aptitude. The WSSMA executive committee will make their selection based on the committee’s recommendation.

Applicants will be notified by mail of the action taken by the scholarship and executive committees.

Special Bonus Awards:

A one-year student membership in the AAMA, WSSMA and a local Chapter.

Special guest at the President's Luncheon of the WSSMA Annual Conference in May.

DIRECTIONS:

Please complete, attach, and forward the following requested information to :

**Nancy Fortin Scholarship, c/o Karel Jahns, CMA-C (AAMA), 1557 Bryce Park Loop, Lynden, WA 98264
or Scan all documents into one PDF once completed and email to kjkjcma@icloud.com**

1. The completed application.
2. Your Personal Summary (see last page) on a separate sheet.
3. Transcript of grades from high school, college and/or vocational institute.
4. The first two pages of your most recent IRS return (list only last 4 digits Social Security Number)
5. A letter of recommendation from a medical assisting educator in your medical assisting program.

Deadline dates are October 31st and February 20th

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PLEASE TYPE OR PRINT

NAME: _____ SSN (last 4 digits): _____
PERMANENT ADDRESS: _____
MAILING ADDRESS: (if different) _____
CURRENT PHONE: (Home) (____) _____ (Cell) (____) _____
EMAIL: _____

EDUCATION

HIGH SCHOOL ATTENDED: _____

COLLEGE/VOCATIONAL SCHOOLS ATTENDED AFTER HIGH SCHOOL:

CURRENT COLLEGE/VOCATIONAL SCHOOL ADDRESS: _____

ANTICIPATED DATE OF GRADUATION: _____

RECENT EMPLOYER -- WORK EXPERIENCE

LIST CURRENT OR MOST RECENT EMPLOYER FIRST:

_____ Dates of Employment: _____

_____ Dates of Employment: _____

_____ Dates of Employment: _____

ACTIVITIES AND HOBBIES: _____

