

**South Carolina Society of Medical Assistants
2019 Academic Scholarship**

You have been invited to participate in the chance to win a scholarship, of up to \$500, through the South Carolina Society of Medical Assistants. This scholarship was established to assist Medical Assisting Students needing financial support to acquire the skills needed to take the AAMA certification exam. The Scholarship will be awarded at the South Carolina Society of Medical Assistants Conference held in March at the Embassy Suites in Columbia.

Eligibility:

- ⑩ Must be enrolled in a CAAHEP or ABHES accredited Medical Assisting program in South Carolina.
- ⑩ Must be enrolled in Medical Assisting professional courses in a full-time status or nearing completion of graduation requirements.
- ⑩ Must be a student member of the AAMA.
- ⑩ Must have a minimum Medical Assisting curriculum cumulative GPA of 2.75 or higher and must be verified by Program Coordinator.
- ⑩ Submit a SCSMA Scholarship application with 2 letters of recommendation from individuals other than family members. A faculty member or administrator from the applicant's school must submit one of the required letters.
- ⑩ Application must be received by January 15, 2019.

*****Prior recipients of this scholarship are not eligible to reapply*****

Instructions for this application:

- ⑩ Use only black ink and type or print legibly.
- ⑩ Mail one copy of this completed application and other required materials to the SCSMA Scholarship Committee Chair:

Lee Moore, CMA (AAMA)
1305 South Academy Street Ext
Williamston, SC 29697

- ⑩ Attach all additional documents required.
- ⑩ Attach a copy of your AAMA membership card.
- ⑩ Do not enclose application and and required documents in any type of folder or binder.
- ⑩ Submission of more than requested by this application does not increase your chance of receiving the award.

PART ONE:

NAME: LAST _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ SC ZIP _____

TELEPHONE _____ COUNTY _____

E-MAIL ADDRESS _____

____ I am a legal resident of South Carolina

To be completed by Program Coordinator

Name of College enrolled in:

_____ Associate degree _____ Certificate _____ Diploma

Cumulative GPA _____ as of date _____

Enrolled in Medical Assisting courses: Yes _____ No _____ Full time _____ Part time _____

Anticipated Graduation Date _____

Program Coordinator's Signature _____ Date _____

PART TWO:

A. List high school, college, and /or community activities, awards, honors and offices held in the last five years. You may attach an additional sheet if necessary.

Dates _____ To Awards/Honors _____

Activity/Organization _____

Role _____

Type of Involvement _____

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Activity/Organization _____

Role _____

Type of Involvement _____

B. Describe why you want to become a Certified Medical Assistant.

C. As a Certified Medical Assistant what would you do to help promote your profession?

D. Describe life experiences and circumstances that explain why you are a good candidate to receive a scholarship.

South Carolina Society of Medical Assistants 2019 Scholarship Application

Last Name: _____ First Name _____ MI _____

Applicant Acknowledgement I understand that:

- ⑩ My scholarship application includes this completed application form and all other items listed in the scholarship description, such as two letters of recommendation and verification of Medical Assisting curriculum cumulative grade point average (GPA)
- ⑩ All required materials must be postmarked by the deadline , January 15, 2019.
- ⑩ At least of the letters of recommendation must be from a faculty member or administrator of the CAAHEP accredited Medical Assisting Program where I am currently enrolled.

I give the South Carolina Society of Medical Assistants authorization to release information from this application, as it deems appropriate for announcing the winner of the scholarship.

Applicant's Signature _____ Date _____

For Scholarship Committee Use Only

Date received:

Reader #1 (initial) _____ Reader #2 (initial) _____ Reader #3 (initial) _____