

SCHOLARSHIP APPLICATION

Mississippi Association Medical Staff Services
Scholarship Award

Please refer to the MAMSS Website at www.mamss.org

NAME

CERTIFICATIONS/DEGREE

TITLE

HOSPITAL/ORGANIZATION

STREET ADDRESS

CITY/STATE/ZIP

OFFICE TELEPHONE

OFFICE FACSIMILE

EMAIL ADDRESS

HOME ADDRESS

CITY/STATE/ZIP

HOME TELEPHONE

PLEASE INDICATE ALL THAT APPLY:

- I am currently employed as a medical staff services/management professional and have been so employed for _____ years.
- I am a current member in good standing of the Mississippi Association Medical Staff Services (MAMSS) at the time of application and committee decision.
- I am a member in good standing of the National Association Medical Staff Services (NAMSS).
- I have included a 500-word typewritten statement describing past, present and planned personal contributions to the medical staff management profession, including a brief narrative outlining how participation in the selected educational activity will be of benefit to myself, both professionally and personally.
- I have included a letter of recommendation from an individual familiar with my most recent work product and/or educational experiences.

By my signature below, I hereby request consideration of this application for scholarship funds offered by the Mississippi Association Medical Staff Services. I attach required supporting documentation to assist in the evaluation of this application. I attest that the information submitted is true and accurate.

SIGNED

DATED

Return your completed application form accompanied by supporting documentation to: MAMSS, Attn: Scholarship Award Program, PO Box 4572, Jackson, MS 39296 or to scholarship@mamss.org.
