

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 mail the following requested information to:

Nancy Fortin Scholarship, 518 North Larch Ave., East Wenatchee WA 98802

1. The attached 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.

If you have any questions/concerns about the scholarship, please call (509) 630-5450.

Deadline dates are October 31st and February 20th



WASHINGTON

State Society of
Medical Assistants



AN AFFILIATE OF THE
AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

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PLEASE TYPE OR PRINT

BIOGRAPHICAL INFORMATION:

NAME: _____ SSN (last 4 digits): _____

PERMANENT ADDRESS: _____

CURRENT PHONE: (Hm) (____) _____ (Hm) (____) _____ (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: _____



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PLEASE TYPE OR PRINT

FINANCIAL REPORT:

Please circle all categories that apply to you.

Married Single Self-Supporting Single Parent Living with Family /Guardians

NOTE

Living with Family/Guardians answer *Column 1*. Married, Single Self-Supporting or Single Parent answer *Column 2*.

	Column 1	Column 2
Adjusted Gross Income as reported to IRS last year	\$ _____	\$ _____
Number of exemptions claimed	_____	_____
Total income earned from work by: Father	\$ _____	\$ _____
Mother	\$ _____	\$ _____
Non-taxable Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Aid to families with dependent children	\$ _____	\$ _____
Veteran Benefits	\$ _____	\$ _____
Federal financial aid for college/schools	\$ _____	\$ _____
State financial aid for college/schools	\$ _____	\$ _____
Other Aid	\$ _____	\$ _____
Savings and investments	\$ _____	\$ _____
Projected income while in school	\$ _____	\$ _____
Student (and spouse/parents/guardian) estimated for academic year		
Taxable Income	\$ _____	\$ _____
Non-Taxable Income	\$ _____	\$ _____

The above information will be used only for processing this application and will be held in the strictest confidence by the Nancy Fortin Scholarship Committee Members.

PERSONAL SUMMARY:

On a separate piece of paper please discuss the following:

1. Your career goals and how past and present activities have influenced your decision to become a Medical Assistant.
2. What contribution do you hope to or intend to make in this field?
3. Briefly describe why you think you should be considered for a Scholarship?

Signature

Date