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 Mail The Following to:
Nancy Fortin Scholarship, 1815 5th St NE, East Wenatchee WA 98802
1. The attached completed application.
2. Your Personal Summary (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 Soc. Sec. #)
5. A letter of recommendation from a medical assisting educator in your medical assisting program.

Deadline dates are October 31st and February 20th
NANCY FORTIN SCHOLARSHIP

______________________________________________________________
Nancy Fortin Scholarship, 1815 5th St NE, East Wenatchee, WA 98802, 509-741-0998

PLEASE TYPE OR PRINT

BIOGRAPHICAL INFORMATION:

NAME: ___________________________________________ SSN: ______________________ (last 4 digits)

PERMANENT ADDRESS:____________________________________________________________________

_____________________________________________________________________________________

CURRENT PHONE: (Hm)_________________________(Wk)________________________

Email: ______________________________________ (Cell)________________________

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: ____________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

ACTIVITIES AND HOBBIES: ____________________________________________________________

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REV 08/12 jsmith cma(aama)
NANCY FORTIN SCHOLARSHIP APPLICATION
PLEASE TYPE OR PRINT

FINANCIAL REPORT:
Please circle all categories that apply to you. The student is:

1. Married (answer column II)  
2. Single, self supporting (answer column II)  
3. Single parent (answer column II)  
4. Living with parents/guardian (answer column I)

<table>
<thead>
<tr>
<th>(I)</th>
<th>(II)</th>
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<tbody>
<tr>
<td>Parents</td>
<td>Student/Spouse</td>
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1. Adjusted Gross Income as reported to IRS last year........ $ ____________ $ ____________

Number of exemptions claimed........................................... $ ____________ $ ____________

2. Total income earned from work by:
   FATHER...... $ ____________ $ ____________
   MOTHER..... $ ____________ $ ____________

3. Non-taxable Income:.................................................. $ ____________ $ ____________
   Social Security.......................... $ ____________ $ ____________
   Aid to families with dependent children......................... $ ____________ $ ____________
   Veterans Benefits................................................. $ ____________ $ ____________

4. Federal or State financial aid for college/schools.............. $ ____________ $ ____________

   Other Aid......................................................... $ ____________ $ ____________

5. Savings and Investments............................................ $ ____________ $ ____________

6. Projected income while in school:
   Students (and spouse/parents) estimated for academic year
   Taxable Income.................................................... $ ____________ $ ____________
   Students (and spouse/parents) estimated for academic year
   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