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, 38015 Teel Hill Road N. Davenport, WA 99122
Please include:

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 contact:
Lori VanLith, CMA (AAMA) @ memalvl@nwi.net include NFS in the subject line.

Deadline dates are October 31st and February 20th
NANCY FORTIN SCHOLARSHIP
Mail to: Nancy Fortin Scholarship, Attn: L. VanLith., 38015 Teel Hill Rd. N., Davenport, WA 99122

PLEASE TYPE OR PRINT
BIOGRAPHICAL INFORMATION:

NAME: ____________________________________________________________

SSN (last 4 digits): __________

PERMANENT ADDRESS: ______________________________________________

CURRENT PHONE: (Home) (____) ____________ (Work) (____) ____________

(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.

<table>
<thead>
<tr>
<th>Married</th>
<th>Single</th>
<th>Self-Supporting</th>
<th>Single Parent</th>
<th>Living with Family/Guardians</th>
</tr>
</thead>
</table>

**NOTE**

Living with Family/Guardians answer *Column 1*.

Married, Single, Self-Supporting, or Single Parent answer *Column 2*.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Gross Income as reported to IRS last year</td>
<td>$ _____</td>
</tr>
<tr>
<td>Number of exemptions claimed:</td>
<td>_____</td>
</tr>
</tbody>
</table>

**Total income earned from work by:**

| | Column 1 | Column 2 |
| 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**

| | Column 1 | Column 2 |
| 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.*
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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