



Scholarship Award Application

INSTRUCTIONS:

1. Complete application in ink.
2. Sign the application.
3. Medical Assistant Program Director signs the application.
4. Submit documents listed on page 3 with the application.
5. Application must be postmarked by February 28, 2025

First Name: _____ Last Name: _____

Street Address: _____

Phone Number: _____

Email Address: _____

Student Number: _____

Name of School/College/Institution: _____

Address of School/College/Institution: _____

Applicant Statement

I hereby submit this application for consideration to receive the Pennsylvania Society of Medical Assistants (PMSA) Scholarship Award in recognition of my academic achievement and drive to pursue a career that exemplifies the core values the American Association of Medical Assistants by:

- Actively participating in the delivery of quality health care.
- Promoting patient safety and well-being.
- Contributing to a positive health care experience for patients.
- Demonstrating integrity, respect, and protection of patient confidentiality.
- Advocating for the essential value of certification and continuing education.
- Embracing change, growth, and learning.

I hereby grant the PSMA Scholarship Committee the authority to verify the information contained herein and authorize the school/college/institution from which I am enrolled to release my grades and any other pertinent information requested by the PSMA Scholarship Committee to verify my meeting the requirements to be eligible to receive this award.

Applicant Signature: _____ **Date:** _____

Medical Assistant Program Director Statement

I certify the above-named applicant is currently enrolled and a student in good standing in the Medical Assistant Program at the educational institution named above.

Medical Assistant Program Director Signature: _____ **Date:** _____

The recipient of the Pennsylvania Society of Medical Assistants Scholarship Award will receive \$500.00 to help offset educational expenses and a one-year Student Membership in the American Association of Medical Assistants (AAMA).

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

- Unofficial Transcript (current)
- A typed, one page essay describing your motivation for pursuing a career as a Certified Medical Assistant.
- A letter of recommendation from a Medical Assistant Program faculty member.
- A letter of recommendation from any non-family member with firsthand knowledge of your character and the sincerity of your stated goals.

Mail your completed application to:

Mary Lou Ninehauser, CMA (AAMA)
1034 Maplewood Avenue
Ambridge, Pennsylvania 15003

***Your completed application and the documents listed above
must be postmarked by February 21, 2024***

Do not write below this line

Date Received: _____

Committee Chairman Approval (signature/date): _____

Board Approval (signature/date): _____

PRESIDENT

Application may be reproduced