

### 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 forward the following requested information to :

Nancy Fortin Scholarship, c/o Karel Jahns, CMA-C (AAMA), 1557 Bryce Park Loop, Lynden, WA 98264 or Scan all documents into one PDF once completed and email to kjkjcma@icloud.com

- 1. The 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.

## Deadline dates are October 31<sup>st</sup> and February 20<sup>th</sup>

#### NANCY FORTIN SCHOLARSHIP

PLEASE TYPE OR PRINT		
NAME:	SSN (last 4 digits):	
PERMANENT ADDRESS:		
MAILING ADDRESS: (if different)		
CURRENT PHONE: (Home) ()	(Cell) ()	
EMAIL:		
EDUCATION		
HIGH SCHOOL ATTENDED:		
COLLEGE/VOCATIONAL SCHOOLS ATTENDED AF	TER HIGH SCHOOL:	
CURRENT COLLEGE/VOCATIONAL SCHOOL ADD		
ANTICIPATED DATE OF GRADUATION:		
<b>RECENT EMPLO</b> LIST CURRENT OR MOST RECENT EMPLOYER FIF	<b>PYER WORK EXPERIENCE</b> RST:	
	Dates of Employment:	
	Dates of Employment:	
	Dates of Employment:	
ACTIVITIES AND HOBBIES:		

# NANCY FORTIN SCHOLARSHIP APPLICATION

#### 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

		<u>Column 1</u>	<u>Column 2</u>	
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:**

Please complete a personal summary it should be typed and no more than one page. 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?