2027 Nebraska Society of Medical Assistants Scholarship Application

What is the Nebraska Society of Medical Assistants scholarship?

The NSMA scholarship was developed to honor all of the current and past Certified Medical Assistants that support the foundation of students graduating from an accredited Medical Assisting program. The bi-level organization through active membership provides the continued growth of career and professionalism by supporting continuing education.

Who is eligible to apply for the NSMA scholarship?

To be eligible for this scholarship, the applicant must be a medical assisting student in good standing at a medical assisting program accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) and have a cumulative GPA of 3.0 or higher in the core medical assisting courses.

How are scholarships awarded?

Scholarships are awarded based on four main criteria: Personal statement on professional goals, academic rank, references, and clarity of the application. Candidates will be eligible for one $500.00 scholarship awarded annually.

Where are applications obtained?

A current application may be obtained from your medical assisting program director. **The deadline for receipt of application is February 15, 2027**. Any application with incomplete information or missing attachments will not be considered. Send the following documents:

1. Your completed application
2. Your most recent transcript(s) which must include medical assisting courses completed to date. A current, official, unopened transcript from your college registrar's office is required. (Do not send photocopies, unofficial transcripts, grade histories, etc.)
3. Two completed scholarship recommendation forms from the following
   - a personal reference that is not a family member
   - a reference from the medical assisting program director or medical assisting instructor.

Mail your application to the current NSMA Awards Chair 2026-2027

Steph Richards, CMA (AAMA)
6835 90th Street Place
Kearney, NE 68845
AND email complete application to:
NSMAawards@gmail.com

Application winners are notified by the Awards Chair by the end of March. Please be prepared to submit a color photo to be used in publicity if you are chosen as a scholarship recipient (do not send the photo with this application).

Nebraska Society of Medical Assistants Scholarship Application
Deadline: February 15, 2027

Completing this application and fulfilling the requirements will allow you to be considered for the Nebraska Society of Medical Assistants scholarship program.

DEMOGRAPHIC INFORMATION-please type or print neatly

First name _____

Middle initial_____

Last name:_____

Current mailing address _____

City_____

State_____Zip Code_____

Phone Number (h)_____Cell_____

Email address _____

PERSONAL STATEMENT

Provide a typed personal statement (150 – 300 words) discussing the following (Use additional paper if necessary):

- Where do you see yourself in your professional Medical Assistant career in five years?

COLLEGIATE, COMMUNITY, or CHURCH ACTIVITIES

List any collegiate, community, or church activities with which you have been involved during the past four years. Include any honors, leadership positions, or special recognition associated with these services.

Activity or organization	date	office held or special honors received
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL AND CAREER GOALS

In the space provided, discuss your educational and career goals, including whether you will receive a degree or diploma.

RECOMMENDATION FORMS

Have two recommendation forms completed from the following:
- A personal reference who is not a family member
- A reference from the medical assisting program director or a medical assisting instructor.

ACADEMIC TRANSCRIPT

You will need to request from the registrar at your college to send your official, unopened transcript to the awards chair listed on this application. Copies will then be made and provided to the judging panel as part of the judging process.

STUDENT CERTIFICATION

By signing this form, I certify that the information contained in this application is correct to the best of my knowledge. I also understand that any personal information or likeness may be used in any NSMA media if I am chosen as a scholarship winner. This includes our NSMA website, and our NSMA Facebook page.

Signature Date

_____ _____

CAAHEP accredited medical assisting program you are attending:

Name of Institution_____

Date Enrolled _____

Street Address (Box Number) _____

City, State, Zip code _____

Anticipated Date of Graduation _____

Program Director/Instructor Signature _____

Scholarship Recommendation Form
Deadline: February 15, 2027

Student: Please complete the top section of this form and forward to your reference choices.

Name _____

Current Street Address _____

City _____State_____ Zip _____

Phone _____

EVALUATOR RATING AND COMMENTS

Evaluator: Please complete this recommendation form for the above student and return it to the Awards Chair by the deadline listed above.

Please place an X in the appropriate box	Outstanding	Excellent	Good	Fair	Poor
Attitude and cooperative spirit					
Dependability and responsibility					
Desire to learn					
Vocational potential					
Academic potential					
Work ethic					

Remarks: Please provide a brief opinion of the applicant's abilities and performance. (Attach a separate piece of paper if necessary). If you are an instructor, please also state how close the student is to completing the program.

_____
_____
_____
_____

Signature _____

Title _____ Date _____

Scholarship Recommendation Form
Deadline: February 15, 2027

Student: Please complete the top section of this form and forward to your reference choices.

Name _____

Current Street Address _____

City _____State_____ Zip _____

Phone _____

EVALUATOR RATING AND COMMENTS

Evaluator: Please complete this recommendation form for the above student and return it to the Awards Chair by the deadline listed above.

Please place an X in the appropriate box	Outstanding	Excellent	Good	Fair	Poor
Attitude and cooperative spirit					
Dependability and responsibility					
Desire to learn					
Vocational potential					
Academic potential					
Work ethic					

Remarks: Please provide a brief opinion of the applicant's abilities and performance. (Attach a separate piece of paper if necessary). If you are an instructor, please also state how close the student is to completing the program.

_____
_____
_____
_____

Signature _____
Title _____ Date _____