NSMA Conference Grant Application

In an effort to reward active membership in the Nebraska Society of Medical Assistants, the Board of Directors has established the NSMA Conference Grant Program. One Grant will be offered annually, paying the full registration fee (non-transferable) to the next NSMA Annual Conference for the lucky winner.

APPLICANT CRITERIA REQUIREMENTS

1. A current dues paid CMA (AAMA) and a member of the NSMA in good standing for a minimum of two consecutive years.

2. Must presently or in the past, held an active officer position or committee chair at the chapter level and served as an active office or committee chair at the state level to be eligible.

3. Applicant must submit the completed grant application form. A copy of their professional curriculum vitae, listing offices and committee positions held on both the local and state levels, and any other optional documents, i.e. letter of recommendation from peers, details of special projects, and specific contributions to the organizations that may assist the judges in evaluating the application by the established deadline.

Only qualified candidates will be considered. The winner will be notified as soon as possible after the announcement at the Spring Board of Directors meeting. Eligibility is limited to one grant award every five years to any one member. An appointed panel of judges will select the winner from the information provided in your application. Judges are the President, Vice President, Immediate Past-President, and the Awards Chair. Contact the current Awards Committee Chair with any questions, for more information, or to submit your application and supporting documents to:

NSMA Awards Committee Chair 2023-2024

Shannon Kibbee, CMA (AAMA)

803 12th Avenue

Franklin, NE 68939

Email NSMAAwards@gmail.com

\*\*Application must be received by March 1st of each year\*\*

NSMA CONFERENCE GRANT APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AAMA Member since:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_