

# 2021 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 tri-level organization through active membership provides the continued growth of career and professionalism by supporting continuing education.

What is the Nebraska Society of Medical Assistants? The NSMA is an affiliate of the American Association of Medical Assistants (AAMA), a national organization. The AAMA provides certification as well as continuing education and other services to its members. Student medical assistants, as well as professionals, may belong to AAMA. Membership forms may be obtained from your instructors or by contacting: The American Association of Medical Assistants, 20 North Wacker Dr., Suite 1575, Chicago, IL 60606-2903 or the AAMA website at [www.aama-ntl.org](http://www.aama-ntl.org).

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.

**Deadline for Receipt of Application: January 15, 2021**

**Send the following documents.** (Any application with incomplete information or missing attachments will not be considered.)

⊗ Your completed Application

⊗ 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.)

⊗ Two completed scholarship recommendation forms from: (1) a personal reference, not a family member; (2) a reference from the medical assisting program director or from a medical assisting instructor.

**Mail your application to: the Awards Chair Andrea Tiarks, CMA (AAMA) 617 Arnold Avenue, Council Bluffs, Iowa 51503-5150.**

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: January 15, 2021

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

## DEMOGRAPHIC INFORMATION

Please type or print neatly:

Name: \_\_\_\_\_  
First Name, Middle Initial, and Last Name

Current Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

Phone Number: \_\_\_\_\_  
Home Number Cell Number

Email Address: \_\_\_\_\_

## PERSONAL STATEMENT

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

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

# Nebraska Society of Medical Assistants

## 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.

Activities or Organization	Dates	Office held or Special Honors Received
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## EDUCATIONAL AND CAREER GOALS

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

# Nebraska Society of Medical Assistants

## RECOMMENDATION FORMS

**Have two recommendation forms completed from:** (1) A personal reference, not a family member (2) 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **CAAHEP accredited medical assisting program you are attending:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date Enrolled

\_\_\_\_\_  
Street Address (Box Number)

\_\_\_\_\_  
Anticipated Date of Graduation

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Program Director/Instructor Signature

# Nebraska Society of Medical Assistants

## Scholarship Recommendation Form

Deadline: January 15, 2021

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

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

Current Mailing Address: \_\_\_\_\_

Street address

City

State

Zip

County

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 for item:	Outstanding	Excellent	Good	Fair	Poor
Attitude/Cooperative Spirit					
Dependability/Responsibility					
Desire to learn					
Vocational Potential					
Academic Potential					
Work Ethic					

**Remarks:** Please provide a brief opinion of 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.

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

April 20, 2012/July 21,2013/February 24, 2014