



# TAMSS

Tennessee Association of Medical Staff Services  
Est. 1988

## Application for Scholarship

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Number or Years as a Member of TAMSS: \_\_\_\_\_

<b>REIMBURSEMENT TYPE:</b>	
(Please <input type="checkbox"/> one and attach evidence of completion or certification reimbursement)	
<input type="checkbox"/>	CPMSM/CPCS Certification Date of Exam: _____
<input type="checkbox"/>	TAMSS Conference
<input type="checkbox"/>	NAMSS Conference

I hereby submit my application for consideration of scholarship funds offered by the Tennessee Association of Medical Staff Services as well as the required essay that will substantiate the requirements as outlined in the qualifications section of the scholarship policy. I attest that the information submitted is true and accurate.

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

Send completed forms to: TAMSS Board Secretary