



Application for Scholarship

Name: _____

Home Address: _____

Home/Mobile Phone: _____

Work Phone: _____

Employer: _____

Title/Position: _____

Number or Years as a Member of TAMSS: _____

REIMBURSEMENT TYPE:	
(Please √ 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