

The American Association of Medical Assistants Endowment

Maxine Williams Scholarship Application

What is the Maxine Williams Scholarship Program? Named after Maxine Williams, a founder of the American Association of Medical Assistants (AAMA) and its first president, the program was established in 1959 for the purpose of providing educational assistance to deserving medical assisting students. The scholarship fund is supported entirely by private contributions. The AAMA Endowment assumes administrative costs of the fund as a service to the public and to the medical and medical assisting professions.

Who is eligible to apply? Students enrolled in and having completed a minimum of one quarter or semester at a postsecondary medical assisting program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and having a grade point average of 3.0 or higher.

How are scholarships awarded? Awards (a minimum of \$500 to a maximum of \$1,000) and a one-year membership in the American Association of Medical Assistants are granted based on academic ability and financial need.

Where are applications obtained? Applications are available *only* from CAAHEP accredited medical assisting program directors. It is *not* available to applicants from the AAMA Executive Office or on the AAMA website.

Deadline for Receipt of Applications: April 15, 2019.

Send the following documents. (*Applications with incomplete information or missing attachments will not be considered. Please do not send documents that have been stapled together.*)

- Your completed application. (FRONT AND BACK)
- Your most recent transcript(s) which must include medical assisting course completions to date. **Official transcripts** are required. (*Do not* send photocopies, faxes, unofficial transcripts, grade histories, etc.)
- If you are receiving (or have received) financial assistance with your medical assisting education (scholarship, grant, bank loan, private loan, etc.), include official documentation of the amounts and where the funds are from.
- Two letters of reference addressed to the MWS Committee: (1) a personal reference, not from a family member; (2) a reference from the medical assisting program director or from a medical assisting educator.

Mail to: ATTN: Kathy Langley; The AAMA Endowment; 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606.

Questions? Call: 800/228-2262.

Application results are mailed *approximately* eight weeks after the deadline date. Please be prepared to submit a color photo to be used for publicity if you are chosen as a scholarship recipient. (*Do not* send the photo with this application.)

Applicant Information (type or print all information clearly):

First Name, Last Name, and Middle Initial

Street Address (or Box Number)

City, State, Zip

CAAHEP accredited medical assisting program you are attending:

Name of Institution

Street Address (Box Number)

City, State, Zip

Phone Number

(_____) _____

Daytime Phone Number

E-mail Address

Date Enrolled

Anticipated Date of Graduation

Name of Program Director

Maxine Williams Scholarship Application

Type or legibly print your answers. Attach additional sheets if more space is required to complete this form. Please note that the answers you provide may be used for publicity if you are chosen for this award.

1. Have you ever been denied financial aid that you applied for? Why?

2. Have you received any of the following types of funding (*please check the appropriate boxes*)?
 - Grants
 - Scholarships
 - Loans from financial institutions or education institution you are attending

If so, do these funds cover your education expenses (such as tuition, books, supplies, uniforms, and vaccinations required to complete classwork)?

3. Other than school debt, what are your monthly financial responsibilities?

4. Why did you become a medical assistant? What did you learn about the profession that made you want to be a part of it?

I certify that the information provided for this application is true to the best of my knowledge. I understand that academic performance and financial performance may be verified with the institution.

Applicant Signature

Date

Program Director/Educator Signature

Date

Mail completed application to: ATTN: Kathy Langley; The AAMA Endowment; 20 N. Wacker Dr.; Ste. 1575; Chicago, IL 60606. INCLUDE ALL REQUIRED ATTACHMENTS.

IMPORTANT NOTE: Scholarship awards are issued to the registrar of the educational institution you are attending. These funds can be disbursed only for payment of education expenses (such as tuition, books, supplies, uniforms, and vaccinations required to complete classwork), or to repay a loan from a financial institution that is covering those expenses.