



Tennessee MGMA Scholarship Application

Active Members - Only

Please carefully review the Scholarship Guidelines **prior to** completing this application.

All questions must be answered completely. Please attach a recent resume. The Application must be signed and dated by the Member. Applications for the \$2,000 scholarship must be postmarked no later than March 30 of the receiving year. Applications for the \$500 Local Chapter Scholarship must be postmarked no later than August 30 of the receiving year.

PERSONAL INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Organization: _____ Title: _____

Organization Address: _____

Business Phone: _____ Extension: _____ Cell Phone: _____

Address for notification: _____

ELIGIBILITY REQUIREMENTS:

Applicants must be active members of either their local chapter or TMGMA for a period of at least one year prior to application for scholarship funds.

1. TMGMA Membership Info.: Member #: _____ Date Joined: Month*: _____ Year: _____
**Must have completed 12 months by April 1st. If Membership is less than two years, please indicate month joined. If Membership is over two years, month is not required.*
2. Local Chapter Info.: Name of Local Chapter: _____
Date Joined: Month: _____ Year: _____
3. Are you a current Member of MGMA: Yes / No

I have read and understand the Scholarship Program rules and regulations and agree to abide by the program. I understand that this Scholarship program is a reimbursement of paid expenses toward my advancement as a healthcare administrator. I understand that if I do not turn in required receipts and proof of eligible expenses in the required time frame, I will not receive my scholarship funds. I understand that any unused funds will be forfeited. I understand that I must maintain my Active membership in TMGMA and/or my local chapter during my Scholarship year.

Signature: _____ Date: _____

APPLICANT NAME: _____

Please select one:

Scholarship Request: \$500 _____

Funds will be used for expenses associated with attending TMGMA state meetings (can include registration, hotel and/or travel expenses). Two \$500 scholarships will be awarded at the TMGMA Fall Meeting in September.

Scholarship Request: \$2,000 _____

Funds will be used for expenses associated with attending MGMA national meetings and/or pursuing advancement in the American College of Medical Practice Executives (can include registration, hotel and/or travel, testing fees, ACMPE membership dues, etc.). One \$2,000 scholarship will be awarded at the TMGMA Annual Spring Conference in April.

Please return to TMGMA, PO Box 440150, Nashville, TN 37244 or fax to 615-662-8864.

OFFICIAL USE ONLY:

This application has been reviewed for accuracy and verified. This applicant has met the required TMGMA Past Presidents' Council Scholarship eligibility:

Confirmation of Membership: Local Chapter _____

TMGMA _____

TMGMA Executive Director: _____

Date: _____

Officer: Name: _____

Office: _____

Date: _____

Committee Chair: Name: _____

Committee: _____

Date: _____