



# Kentucky MGMA Scholarship Application

Active Members - Only

*All questions must be answered completely. Please attach proof of ACMPE status, a recent resume, and references as listed in Section 11 of the Kentucky MGMA Scholarship Program. The Application must be signed and dated by the Member. Applications must be postmarked no later than August 31, 2017.*

## Scholarship Year: January 1 to December 31, 2018

### PERSONAL INFORMATION:

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

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address for notification: \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS:

1. KMGMA Membership Information      Date Joined: Month\*: \_\_\_\_\_ Year: \_\_\_\_\_  
\*Must have completed 12 months by August 1, 2017. If Membership is less than two years, please indicate month joined. If Membership is over two years, month is not required.

2. Current Member of MGMA: Yes / No

If Yes: Member Since: \_\_\_\_\_

If no, have you applied for membership to MGMA, if so when? \_\_\_\_\_

To accept Scholarship funds, I realize I must become a Member in MGMA.

I am prepared to join: Date: \_\_\_\_\_

3. Are you a current member of ACMPE? Yes / No

If Yes: Current Status: \_\_\_\_\_

If No:

I have read, understand, and meet the requirements for admission into ACMPE.

I have applied for admission in ACMPE: Date applied: \_\_\_\_\_

To accept Scholarship funds, I realize I must be accepted in ACMPE.

I meet the requirements and am prepared to apply: Date: \_\_\_\_\_

4. ACMPE Copy:

If you are not currently a member of ACMPE, you must attach a completed copy of the ACMPE Application for Admission for review.

If you are currently a member of ACMPE, you must attach a copy of the letter of acceptance or proof of membership.

I have read and understand the Scholarship Program guidelines and agree to abide by the program. I understand that this Scholarship program is a reimbursement of paid expenses toward my advancement in ACMPE. 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 Kentucky MGMA during my Scholarship year.

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

**OFFICIAL USE ONLY:**

This application has been reviewed for accuracy and verified. This applicant has met the required Scholarship eligibility:

Officer: Name: \_\_\_\_\_ Office: \_\_\_\_\_

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

Committee Chair: Name: \_\_\_\_\_ Committee: \_\_\_\_\_

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