



Joan Michaels Memorial NCSMA Scholarship Application

This Scholarship was started by the North Carolina Society of Medical Assistants to provide educational assistance to deserving medical assistants in North Carolina. It is named in honor of Joan Michaels, CMA-A (AAMA) who was a charter member of NCSMA and a supporter of medical assisting education. It is supported entirely by contributions made to the fund by members of NCSMA. Students enrolled in 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 are eligible to apply. Two scholarships are available, one for a student who has successfully completed the first year of a two-year program and one for a student enrolled in a diploma or certificate program that has successfully completed their first semester. Each scholarship is given annually at the annual NCSMA convention based on academic achievement and financial need. Applications are available from program directors at CAAHEP accredited medical assisting programs in the state of North Carolina.

Applications are accepted after January 1st of each year until the deadline of February 28th.

Send the following documents. (Applications with incomplete information, or missing attachments, will not be considered.)

- Your completed application.
- Your most recent transcript(s) which must include medical assisting course completions to date. Official transcripts are required. (Do not send photocopies, unofficial transcripts, grade histories, etc.)
- A letter of recommendation from an instructor in the Medical Assisting Department. You may submit up to three letters of recommendation from contacts other than family.
- If you requested financial assistance from the institution you are attending, include a copy of the request and the institution's response to your request.
- A personal letter introducing yourself to the NCSMA Scholarship Committee and outlining the following:
 - Your background, financial need
 - Personal goals and plan
 - Involvement in professional and civic organizations
 - Why you believe you should be the recipient of this scholarship

Mail to: Scholarship Chair

APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 28TH.

Applicant Information (type or print clearly)

First Name, Middle Initial, Last Name

Social Security Number

Street Address or Mailing Address

Daytime Telephone Number

City, State, Zip

Email address (print clearly)

CAAHEP accredited medical assisting program you are attending: Associate Degree Diploma/Certificate

Name of institution

Date Enrolled / Graduation Date

Street Address or Mailing Address

Name of Program Director

City, State, Zip

Telephone Number of Program Director