

South Carolina Society of Medical Assistants  
2024 Academic Scholarship

You have been invited to participate in the chance to win a scholarship, of up to \$500, through the South Carolina Society of Medical Assistants. This scholarship was established to assist Medical Assisting Students needing financial support to acquire the skills needed to take the AAMA certification exam. The Scholarship will be awarded on Saturday March 16, 2024 at the South Carolina Society of Medical Assistants Conference to be held in March in Anderson, SC.

Eligibility:

- You must be enrolled in a CAAHEP or ABHES accredited Medical Assisting program in South Carolina.
- You must be enrolled in Medical Assisting professional courses in a full-time status or nearing completion of graduation requirements.
- You MUST be a student member of the AAMA.
- You must have a minimum Medical Assisting curriculum cumulative GPA of 2.75 or higher and this must be verified by your Program Coordinator.
- You must submit a completed SCSMA Scholarship application with 2 letters of recommendation from individuals other than family members. A faculty member or administrator from your school must submit one of the required letters.
- Application must be received by January 14, 2024.

\*\*\*Prior recipients of this scholarship are not eligible to reapply\*\*\*

Come back to this checklist once you have completed the application process to make sure you have everything. Please initial beside each number.

Applicant Acknowledgement

I certify that:

- \_\_\_ 1. My scholarship application contains Part One and Part Two of the application.
- \_\_\_ 2. Two letters of recommendation (one being from a faculty member or administrator from my CAAHEP or ABHES accredited school), are included.
- \_\_\_ 3. A copy of my AAMA membership card is included.
- \_\_\_ 4. I am a full-time student and/or nearing graduation and have a GPA of 2.75 or higher.

Printed name of scholarship applicant: \_\_\_\_\_

Scholarship Committee Members will initial that they have read the application.

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Instructions for this application:

- Use only black ink and type or print legibly.
- Mail or email one copy of this completed application and other required materials to the SCMSA Scholarship Committee Chair:

Sandra Williams, CMA (AAMA)  
[swcmaaama60@yahoo.com](mailto:swcmaaama60@yahoo.com) or  
 262 Twin Valley Rd Duncan, SC 29334

- Attach all additional documents required.
- Attach a copy of your AAMA membership card.
- Do not enclose application and required documents in any type of folder or binder.
- Submission of more than requested by this application will not increase your chance of receiving the award.

PART ONE:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ SC ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_.com

\_\_\_ I am a legal resident of South Carolina

To be completed by Program Coordinator

Name of College: \_\_\_\_\_

\_\_\_ Associate Degree                      \_\_\_ Certificate                      \_\_\_ Diploma

Cumulative GPA: \_\_\_\_\_ as of \_\_\_\_\_

Enrolled in Medical Assisting Courses: Yes \_\_\_ Full-time \_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART TWO:

Part A. List high school, college, and/or community activities, awards, honors and offices held in the last five years. You may attach an additional sheet if necessary.

Date: \_\_\_\_\_ Award(s)/Honor(s) \_\_\_\_\_

Activity/Organization \_\_\_\_\_

Role \_\_\_\_\_

Type of Involvement \_\_\_\_\_

Date: \_\_\_\_\_ Award(s)/Honor(s) \_\_\_\_\_

Activity/Organization \_\_\_\_\_

Role \_\_\_\_\_

Type of Involvement \_\_\_\_\_

Part B. Describe why you want to become a Certified Medical Assistant:

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Part C. As a Certified Medical Assistant, what would you do to help promote your profession?

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Part D. Describe life experiences and/or circumstances that explain why you are a good candidate to receive a scholarship:

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South Carolina Society of Medical Assistants 2024 Scholarship Application

Signature of Scholarship Applicant: \_\_\_\_\_