

APPLICATION FOR ACMS ANNUAL MEETING SCHOLARSHIP FIRST-TIME ANNUAL MEETING ATTENDEE

Criteria:

The 2024 ACMS Annual Meeting Scholarship – First-Time Annual Meeting Attendee will be awarded to an individual who has been an ASMH member in good standing for at least one year and is attending the ASMH Annual Meeting for the first time. The recipient will be acknowledged at the ASMH Business Meeting on Saturday, May 4, 2024 and will be reimbursed up to \$1,000 to cover the cost of Annual Meeting registration, additional workshop fees, hotel and transportation to/from the meeting location. The recipient will be required to submit an article for the Fall 2024 ASMH newsletter highlighting their experience as a first-time attendee.

Instructions:

1. All application materials must be received by March 1, 2024 to be considered.
2. Application materials should be submitted electronically to info@mohstech.org with “ACMS Education Scholarship” in the subject line.
3. The application must be accompanied by a one-page letter from the applicant describing their qualifications for this scholarship, as well as a letter from the applicant’s surgeon outlining why this individual is deserving of this scholarship.
4. Applicant’s 2024 membership dues must be paid prior to the submission deadline to be considered for the ACMS Annual Meeting Scholarship – First Time Meeting Attendee.



**APPLICATION FOR ACMS ANNUAL MEETING SCHOLARSHIP
FIRST TIME ANNUAL MEETING ATTENDEE**

Applicant's Name: _____

ACMS Mohs Surgeon: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position/Title: _____

Number of years with current employer: _____

Number of years in current position: _____

Brief description of the work you do: _____

I have been an ASMH member in good standing for at least one year prior to the application process

Yes _____ No _____

Have you attended a prior ASMH Annual Meeting? Yes _____ No _____

Note: This scholarship is only available to ASMH members who have not attended a prior ASMH Annual Meeting.

By signing my name in the signature line below, I certify that the application information provided is accurate and correct to the best of my knowledge and that I have included all the required application materials.

Signature: _____ Date: _____