# Geneva Harris Education Grant

**PURPOSE:** The Mid-Valley Chapter recognizes the importance of education and certification of its Chapter members. Funds permitting, and as approved by the Mid-Valley Chapter Board of Directors, the Chapter may provide financial assistance through a grant.

**POLICY:** The annual education grant is to provide financial assistance in an amount not to exceed $500.00 for up to two members at the discretion of the Board of Directors. This education grant can be utilized for a variety of educational opportunities such as the NAMSS Education Conference and Exhibition, NAMSS Regional Education Summit Workshops, CAMSS Educational Forum, certification prep courses, certification exam fees or educational seminars.

**PROCEDURE:**

1. Up to two grants may be awarded annually as determined by the Mid-Valley Chapter Board of Directors as funding permits.
2. The following eligibility requirements must all be met:
	1. Maintain current Mid-Valley Chapter membership.
	2. Maintain current CAMSS membership.
	3. Have attended (in person/virtually) at least one (1) CAMSS Mid-Valley Chapter meeting in the last twelve (12) months.
	4. May not have been a previous award recipient in the last 5 years.
3. Applicants must submit a completed application and the following:
	1. A personal statement describing the need for the grant.
	2. A description of how the information learned will be shared with Mid-Valley Chapter members.
4. All applicants will be considered based on need, potential and anticipated contribution to Mid-Valley Chapter members.
5. Applications must be submitted by March 1st to **midvalleychapter@gmail.com**.
6. Consideration of all completed applications and supporting documents will be accomplished by the end of March. The recipient will be notified immediately thereafter.
7. The award is to be used by May 1st of the year following the award. The grant will be dispersed via check as a reimbursement for expenses paid by the applicant up to the $500 and mailed to the applicant within 30 days of the submission of receipts.
8. Award recipients will not be eligible for reapplication for five (5) years following the award year.

**GENEVA HARRIS EDUCATION GRANT APPLICATION**

## Applicant Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Certifications/Degree:** |  |
| **Title/Current Position:** |  |
| **Hospital/Organization:** |  |
| **Email Address:** |  |
| **Business Address:** |  | **Personal/Home Address:** |  |
| **Business Phone #:** |  | **Personal/Home Phone #:** |  |

***Course of Interest:***

|  |  |
| --- | --- |
| **Institution/Sponsor:** |  |
| **Title of Course/Program/Study:** |  |
| **Cost:** |  |
| **Date of Event:** |  |
| **Please Check *ALL* Applicable Boxes:** |
|  | I am currently employed as a Medical Staff Services Management Professional or Credentialing Specialist. |
|  | I am a current member in good standing of the California Association Medical Staff Services (CAMSS) at the time of application and committee decision. |
|  | I have attended (in person/virtually) at least one (1) Mid-Valley Chapter meeting in the previous 12 months. Please provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | I am currently receiving other financial aid and/or scholarship(s). If so, please provide a description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | I have not been a grant recipient in the last five (5) years. |

By my signature below, I hereby request consideration of this application for the Grant offered by the Mid-Valley Chapter. Along with this application I’ve attach the required supporting documentation to assist in the evaluation of this application. I attest that the information submitted is true and accurate.

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***On a separate page please include a personal statement describing the need for the grant and how the information learned will be shared with the members of the Mid-Valley Chapter CAMSS.*** Return your completed application form accompanied by supporting documentation by **March 1st** to ***midvalleychapter@gmail.com***.