



## Educational Funds Program

### APPLICATION

#### Applicant Demographics:

All applicants must attach a current resume or job description AND proof of payment, if applicable, for books, newsletters and software or CE Certificate of Attendance for seminar registration, tuition or MVMGMA event. If applicant has not paid expenses, then the invoice must be attached.

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

\_\_\_\_\_  
Street Address    City                                      State                                      Zip Code

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Work Phone    Home Phone

\_\_\_\_\_  
Current Position    Current Credentials

\_\_\_\_\_  
Email Address

#### Professional Development Scholarship Information:

Funds for: \_\_\_\_\_

Dollar Amount Requested: \_\_\_\_\_ Date of Expenses: \_\_\_\_\_

Please attach a statement (not exceeding 500 words) explaining how approval of this application will assist you in your professional development in medical practice management.

\_\_\_\_\_  
TO BE COMPLETED BY CHAIR OF EDUCATIONAL FUNDS COMMITTEE

Date received: \_\_\_\_\_ Date reviewed for approval: \_\_\_\_\_

[  ] Approved                                      [  ] Disapproved      Reason: \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Educational Funds Committee