



# California Medical Association Alliance Scholarship Grants

## CMAA Scholarship Criteria

### **Meetings of the AMA Alliance**

- CMA Alliance members who belong to the American Medical Association Alliance in need of assistance may apply for scholarships grants from the CMA Alliance to attend and subsidize expenses for AMA Alliance meetings.
  - Western States Alliance Regional Meeting
    - Regular members in need of assistance to attend the meeting may apply for a scholarship to cover the registration for the meeting and travel expenses.
    - In-Training members may apply for a scholarship to cover registration, transportation and ½ the room cost.
    - Attendance at all of the sessions of the meeting is required for compensation.
  - AMA Alliance Annual Meeting
    - Regular members in need of assistance to attend the meeting may apply for a scholarship to cover the registration for the meeting and travel related expenses.
      - ◇ Scholarship grant not to exceed \$1,000.
    - In-Training members may apply for a scholarship to cover registration, transportation and ½ the room cost.
    - Attendance at all of the sessions of the meeting is required for compensation.

### **Meetings of the CMA Alliance**

- CMA Alliance members in need of assistance to attend the Annual Meeting of the CMAA may apply for a scholarship to cover travel expenses. Refer to the CMAA Standing Rules of Finance.

### **Standing Rules of Finance**

CMA Alliance's Standing Rules of Finance is listed on the website [cmaalliancenet.org](http://cmaalliancenet.org) for specifics on what is covered and what expenses are reimbursable.

### **Payment Requests Prior to the Meeting**

For payment requests prior to the meeting for registration expenses, contact CMAA, President, Nancy Schneider, [2schneiders@comcast.net](mailto:2schneiders@comcast.net), (209) 612-6773.

### **Submission of Receipts**

All receipts for scholarship compensation must be submitted by 30 days after the close of the attended meeting.

### **Submit Scholarship Requests for Consideration**

Submit scholarship requests for consideration to the CFO, Chair of the Grants and Scholarship Committee, via text or email. Patricia Lawrence, 1 (805) 441-0923  
[pearllady33@gmail.com](mailto:pearllady33@gmail.com).



# California Medical Association Alliance Scholarship Application

Name \_\_\_\_\_

Contact  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Meeting  
Attending \_\_\_\_\_

Dates &  
Location \_\_\_\_\_

Scholarship Requested For:

\_\_\_\_\_ Meeting Registration                      Amount \_\_\_\_\_

\_\_\_\_\_ Transportation                                      Amount \_\_\_\_\_

\_\_\_\_\_ Lodging (1/2 of Room Cost)                      Amount \_\_\_\_\_

Additional  
Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Submitted \_\_\_\_\_

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[pearllady33@gmail.com](mailto:pearllady33@gmail.com).

11-15-21