



Minnesota Society of Medical Assistants Grant Application Form
Sponsored by:
Minnesota Society of Medical Assistants (MNSMA)

Deadline: **Must be emailed by March 15, 2023**

Instructions: Please *completely fill out* form and email to the address below.

Are you a member of the American Association of Medical Assistants? _____ Yes _____ No

NAME:

(First) (Middle) (Last)

CURRENT ADDRESS:

PERMANENT HOME ADDRESS:

PHONE NUMBER: _____

EMAIL _____

HOW MUCH ARE YOU REQUESTING?

WHY ARE YOU REQUESTING THE MONEY?

Submit this application to State President at MSMAPresident@gmail.com