

2017 Anysia Drumheller Memorial Scholarship Application



The Anysia Drumheller Memorial Scholarship was created by the NAME Board of Directors in memory of Anysia Drumheller, a longtime NAME member. Anysia was elected to the NAME Board of Directors, appointed as Membership Chair, and awarded honorary status to the Board of Directors prior to her untimely death in May 2013. Anysia's numerous contributions to NAME are commemorated with an annual scholarship (up to \$1,000) for reimbursement of reasonable travel and lodging costs at the annual NAME Conference.

The 2017 Annual NAME Conference will be held in Fort Lauderdale, Florida from October 15-18, 2017. The recipient of this scholarship will receive a complimentary registration for the 2017 Annual NAME Conference which includes a NAME membership through December 31, 2018.

CANDIDATE QUALIFICATIONS:

Costs for attending the 15th Annual NAME Conference are not covered by the candidate's employer; **AND**

1. Must be employed by a State Medicaid or State Education Agency or be a designee who has expertise, experience or some responsibility related to Medicaid reimbursement for Administrative Outreach or Direct Health Care Services provided by schools, *and is not currently registered to attend the conference;*

OR

2. Must be employed by a Local Education Agency (LEA), including Educational Services Agencies as defined by IDEA, who has expertise, experience or some responsibility related to Medicaid reimbursement for Administrative Outreach or Direct Health Care Services provided by schools, *and is not currently registered to attend the conference.*

***If it is unclear whether the candidate meets the qualifications listed above, the NAME Membership Chair may request verification from the State or local agency. ***

DEADLINE FOR SUBMISSION: August 15, 2017

NOTIFICATION OF AWARD: September 8, 2017

N A M E

National Alliance for Medicaid in Education, Inc.

2017 Anyisia Drumheller Memorial Scholarship Application

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Employer _____

REQUIRED:

Copy of denial by my employer of all NAME Conference expenses is attached.

Have you ever attended a NAME conference?

Yes No

Please describe why you would like to attend the NAME conference and why you feel your participation in the conference will assist you in your work (attach a separate sheet, if necessary).

PLEASE EMAIL COMPLETED APPLICATION BY **AUGUST 15, 2017 TO:**
NAMEscholarship@MedicaidForEducation.org