

APPLICATION FOR ACMS EDUCATION SCHOLARSHIP

Criteria:

The 2026 ACMS Annual Meeting Scholarship will be awarded to an individual who has been an ASMH member in good standing for at least two years. The recipient will be acknowledged at the ASMH Business Meeting on Saturday, May 2, 2026 and will be reimbursed up to \$1,000 to cover the cost of Annual Meeting registration, additional workshop fees, hotel and transportation to/from the meeting location (*All expenses are required to be covered by recipient. Reimbursement provided based on submitted itemized receipts following attendance of the 2026 Annual ASMH Meeting*).

The recipient will be required to submit an article for the Summer ASMH newsletter highlighting their Annual Meeting experience. Please Note: Scholarship funds may not cover all expenses associated with attending the Annual Meeting. Current and former Board members, officers, and committee chairs will not be considered for the Member Scholarship unless no other submissions were received.

Instructions:

1. All application materials must be received by March 4, 2026 to be considered.
2. Application materials should be submitted electronically to info@mohstech.org with "ACMS Education Scholarship" in the subject line.
3. The application must be accompanied with the applicant's ACMS surgeon signing off on the application.
4. Applicant's 2026 ASMH membership dues must be paid prior to the submission deadline to be considered for the ACMS Annual Meeting Scholarship.



APPLICATION FOR ACMS ANNUAL MEETING SCHOLARSHIP

Applicant's Name: _____

ACMS Mohs Surgeon: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position/Title: _____

Number of years with current employer: _____

Number of years in current position: _____

Brief description of the work you do: _____

I have been an ASMH member in good standing for at least two years prior to the application process

Yes _____ No _____

By signing below, I certify that the application information provided is accurate and correct to the best of my knowledge and that I have included all the required application materials.

Signature: _____ Date: _____

Surgeon Sign Off

By signing below, I support my Histotech in attending the ASMH 2026 Annual Meeting in Austin, TX.

Signature: _____ Date: _____