

## APPLICATION FOR ACMS ANNUAL MEETING SCHOLARSHIP FIRST-TIME ANNUAL MEETING ATTENDEE

### Criteria:

The 2026 ACMS Annual Meeting Scholarship – First-Time Annual Meeting Attendee will be awarded to an individual who has been an ASMH member in good standing for at least one year and is attending the ASMH Annual Meeting for the first time. 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.

### 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](mailto:info@mohstech.org) with “First-Time Annual Meeting Attendee 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 – First Time ASMH Meeting Attendee.



**APPLICATION FOR ACMS ANNUAL MEETING SCHOLARSHIP  
FIRST TIME ANNUAL MEETING ATTENDEE**

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 one year prior to the application process

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended a prior ASMH Annual Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

*Note:* This scholarship is only available to ASMH members who have not attended a prior ASMH Annual Meeting.

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: \_\_\_\_\_