

2024 AAMA

# Student Essay Competition

## This Year's Prompt:

What are your goals and aspirations as a medical assistant to stand out to your employer and patients and in your career?

## Your Judges:

AAMA Awards Committee

## Your Deadline:

July 15, 2024

## Your Reward:

In addition to the \$1,000, the winner will be celebrated at the 2024 AAMA Annual Conference in Grand Rapids, Michigan. The winner will also be recognized on the AAMA website and in *Medical Assisting Today*, the association's official publication.



*\*If the winner cannot attend, we ask that they kindly submit a recorded acceptance speech that the AAMA may play during the award ceremony.*

## Eligibility

You are eligible to enter if you are enrolled in and have completed at least one quarter or semester at a college-level medical assisting program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or Accrediting Bureau of Health Education Schools (ABHES).

## Submission Requirements

- Send the essay as a Microsoft Word attachment via email to [MarCom@aama-ntl.org](mailto:MarCom@aama-ntl.org) (Fill out the form and attach it along with your essay)
- Length: 400–500 words
- Save in a Microsoft Word .doc or .docx format
- Include a headshot in color as a JPEG file

*Note: All submitted materials are subject to future use as marketing materials and the like by the AAMA. Such materials may include the essay, headshot, and even a recorded acceptance speech (if applicable). By submitting an entry form to the AAMA, you agree to permit the AAMA to use these materials at the AAMA's discretion.*

## Judging Criteria

Essay entries will be judged based on writing quality, content, and overall effectiveness.

*Entries that do not meet all the submission requirements will automatically be disqualified. All entries become the property of the AAMA and will not be returned.*

## Entry Form:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Academic Institution Name (Note: Must have a CAAHEP- or ABHES-accredited medical assisting program.): \_\_\_\_\_

*Note: Submit contact information that will allow us to reach you in the fall. If we cannot reach you, we cannot give you the award.*

Academic Institution Address: \_\_\_\_\_

Educator's Name: \_\_\_\_\_

Educator's Email Address: \_\_\_\_\_

Educator's Daytime Phone: \_\_\_\_\_



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