

ASSOCIATION OF ADMINISTRATORS IN ACADEMIC PEDIATRICS
AAAP Member Assistance Program (MAP)

Purpose: To provide financial assistance to members of the AAAP who, because of financial constraints at their institution(s), are unable to attend annual educational meetings or secure approval to process annual membership dues through their department.

Application Process: The application (see below) must be completed, signed, and forwarded to the Member Assistance Committee.

Review Process: Applications are reviewed for need on an ad hoc basis. The following considerations are made in reviewing applications:

1. Active and up-to-date membership
2. One individual per AMSPDC school
3. Individuals who have not previously received assistance

Terms: If assistance is awarded, registration OR lodging and travel expenses are covered. The member is expected to cover all other incidental expenses (i.e., ground transportation, meals, gratuities, etc.).

Funding: The Member Assistance Program (MAP) is currently budgeted in the AAAP annual operating budget for both the annual meeting and membership dues for active members.

Committee: The MAP Committee is comprised of the Past President, Treasurer and one active AAAP member for annual meeting requests, and the Membership Director, Treasurer and one active AAAP member for the dues requests.

Confidentiality: The Member Assistance Committee will maintain confidentiality of applicants and their applications. Only the Committee and the Treasurer of the AAAP will know the identity of the individuals applying and/or receiving support.

Send Application to: **Annual Meeting**
Michael Corbo
corbo@email.chop.edu

Membership Dues
Zhenming Tan
ztan@iu.edu

2018-2019 Member Assistance Program (MAP) Application

Information considered CONFIDENTIAL

Due dates: April 1st for Dues and Annual Meeting.
Responses to be received by April 15.

Applicant Last Name First Name M.I.

Institution Name Medical School Affiliation

Telephone # _____ Fax # _____ E-mail Address _____

Have you previously attended an AAAP meeting?

Yes, annual meeting: _____ Last meeting date: _____ @ _____

Yes, regional meeting: _____ Last meeting date: _____ @ _____

No, I have not attended a meeting previously. _____

Yes, active member _____ No, not previous member _____

Expenses requested:	Amount	Approved (For Committee Use Only)
Registration	_____	
Airfare	_____	
Lodging	_____	

Have you previously been a dues paying member of AAAP?

Expenses requested:	Amount	Approved (For Committee Use Only)
Annual Dues	_____	
TOTAL	_____	

Comments: _____

I hereby certify that this request is made in full compliance with the guidelines provided.

Applicant Signature: _____ Date: _____

Lead Administrator Signature: _____ Date: _____