

**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**  
Liz McCarty  
[mmccar2@emory.edu](mailto:mmccar2@emory.edu)

**Membership Dues**  
Desiree Brown  
[desireeb2@usf.edu](mailto:desireeb2@usf.edu)

**2022 Member Assistance Program (MAP) Application**

**Information considered CONFIDENTIAL**

**Due dates:** February 15, 2022 for Dues and Annual Meeting.

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Applicant Last Name                      First Name                      M.I.

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Institution Name                      Medical School Affiliation

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Telephone #                      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 \_\_\_\_\_

<b>Expenses requested:</b>	<b>Amount</b>	<b>Approved</b> (For Committee Use Only)
Registration	_____	_____
Airfare	_____	_____
Lodging	_____	_____

**Have you previously been a dues paying member of AAAP?**

<b>Expenses requested:</b>	<b>Amount</b>	<b>Approved</b> (For Committee Use Only)
Annual Dues	_____	_____
<b>TOTAL</b>	_____	_____

Comments: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_