



Norma L. Kelly Resident Spouse Scholarship Application and Guidelines

I. PURPOSE

- A. The Norma L. Kelly Resident Spouse Scholarship was established in 2008 to honor the memory of Norma L. Kelly, a former Alliance chairwoman known for her big smile and welcoming presence.
- B. The Norma L. Kelly Resident Spouse Scholarship reimburses travel expenses up to \$1,000 for spouses accompanying residents to the AAOMS Annual Meeting.
- C. Kelly Scholarship recipients are guests of honor at all Alliance events at the Annual Meeting. These events are opportunities to build friendships and support newcomers to the OMS community.

II. ELIGIBILITY REQUIREMENTS

- A. Applicants must be a spouse of a junior or senior OMS residents enrolled in a CODA accredited OMS residency program.
- B. Preference will be given to spouses of OMS residents presenting at the AAOMS Annual Meeting.

III. CONDITIONS OF THE AWARD

- A. The maximum disbursement of the award will be \$1,000.
- B. Attendance is required at the OMS Foundation Alliance 2025 Kelly Scholars Meet & Greet Zoom Meeting, two of the three Health Walks, Networking Breakfasts, and Luncheon & FUNraiser.

IV. APPLICATION PROCEDURES

- A. Applications must be submitted via email at info@omsfoundation.org by 11:59pm CDT on May 31, 2025.
- B. Notifications will be made by June 11, 2025.

V. REVIEW PROCEDURES

- A. Applications will be reviewed by the Alliance Committee appointed by the OMS Foundation Board.
- B. The committee will evaluate each application based on merit.
- C. The OMS Foundation Board of Directors will, at its sole discretion, select the recipients from recommendations provided by the Alliance Committee.

VI. RECIPIENT FEEDBACK FORM

- A. Within 30 days of the conclusion of the Annual Meeting, the recipient must submit a report detailing their experiences gained
- B. Failure to submit a report will disqualify the individual from receiving the scholarship funds.



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APPLICATION FORM

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

AAOMS Member Name: _____

Wedding Anniversary Date: _____

Expected Residency Completion Date: _____

I understand that, as a Scholarship recipient, I will be recognized as an honored guest at all OMS Foundation Alliance events held during the 2025 Annual Meeting and that I am required to attend the following events:

- OMS Foundation Alliance 2025 Kelly Scholars Meet & Greet Zoom Meeting: Date TBD
- OMS Foundation Alliance Health Walks*: Sept. 17-19th (*must attend two of the three scheduled health walks)
- OMS Foundation Alliance Networking Breakfasts*: Sept. 17-19th (*must attend two of the three scheduled health breakfasts)
- OMS Foundation Alliance Luncheon & FUNraiser: Thursday, September 18th 11:00 a.m. – 2:00 p.m.

Dietary Restrictions: _____

Submission Instructions

Completed applications must be submitted by 11:59pm CDT on **May 31, 2025**, to the OMS Foundation via email at info@omsfoundation.org

Certification and Signature

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that lack of attendance at required Alliance Events will forfeit my scholarship award.

Applicant's Signature: _____ Date: _____



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Recipient Feedback Form

Resident Spouse Scholarship Recipient: _____

Signature: _____

Please describe your experience at the Annual Meeting and Alliance Events. How did the scholarship impact your experience? What changes do you suggest to improve the events for scholarship recipients? (**Please note: Your comments (typewritten only, please) may be used in future OMS Foundation publications and communications to promote the OMS Foundation Alliance and Resident Spouse Scholarships. Your scholarship funds will be mailed upon submission of this feedback form, the reimbursement form along with receipts, and your W9. You may provide an additional page if you wish.*)