



AAO Scholarship to Chairs & Academic Administrators Management Program (CAAMP) through AAL

Location: TBD/In person program (typically Atlanta)

Dates: Summer TBD, 2025

Submission deadline: February 28

Please enter the following infor	mation:	
Full Name:		
Preferred First Name:		
Email:		
School or Institution:		
Title / Academic Rank (if any): _		
Mail Address:		
City:		
State:		ZIP:
Country:		
Cell Phone:		
Highest Degree(s) & Certificatio	n(s) attained:	
If you currently hold an academ	nic position, please in	dicate if your appointment is:
[] Full Time	[] Part Time	



letterhead.



Agreement to Participate for Scholarship Applicants:

I understand that if I am selected to receive an AAO Scholarship to participate in CAAMP, I am required to attend all activities and complete all assignments throughout the program. My submission of this form constitutes my Agreement to Participate.

Participate.
Signature:
Scholarships will be announced at the SOE Educational Leadership Conference, with notifications going out to all that applied post-Annual Session.
Please email to education@aaortho.org or mritterskamp@aaortho.org
When submitting, please be sure that you've following the guidelines and include the following with this document:
[] 1. Curriculum Vitae
[] 2. Letter from the candidate faculty member outlining their career goals for academic orthodontics
[] 3. Letter from institution declaring its commitment of support of the candidate faculty member for program participation
[] 4. A minimum of three letters of recommendation from individuals who can attest to the candidate's commitment to education describing the candidate's experience(s), aptitudes, and strengths
1 5 Verification of citizenship 1) photocopy of birth certificate or passport 2)

photocopy of green card of Canadian equivalent or 3) verification that applicant is actively pursuing a green card or equivalent from Legal Counsel or their letterhead or from applicant's University Dean/Chair/program Director on the University's