2027 Annual Conference

Hyatt Regency Chicago | Chicago, IL | April 12-16, 2027

AMGA President's Annual Conference Scholarship

Application process opens: November 4, 2026
Deadline to apply: January 16, 2027
Submit completed applications to philanthropy@amga.org

AMGA's Annual Conference is an exceptional education and networking experience attended by national medical group and health system leaders. Each year, participants leave the conference with new connections, inspiration, and knowledge about solutions to health care's most pressing challenges. Through generous donations and support of the AMGA Foundation, this AMGA President's Annual Conference Scholarship will benefit emerging and early career leaders who are committed to further developing their skills to advance population health and quality improvements and consistently improve health and health care in the United States.

The AMGA Foundation is pleased to offer this special scholarship opportunity to AMGA member leaders to attend the 2027 annual conference, April 14 – 16.

The scholarship will cover:

- 1 registration to the AMGA Annual Conference (value $1,250)
- Up to 2 nights of hotel accommodation (value $550+)
- 1 Roundtrip, economy airfare (not to exceed $800)
- Opportunity to attend AMGA's Distinguished Leaders Dinner
- Opportunity to attend AMGA Foundation Celebration Reception

Scholarship applicants ***must* meet the following criteria to be considered:**

- Be affiliated with a current AMGA member in good standing.
- Be in a leadership or management position and endorsed by a senior leader from their organization.
- Be able to attend the 2027 AMGA Annual Conference, April 14 – 16 in [illegible].
- Submit a fully completed application.

Please note: Only one application should be submitted per organization.

2027 Annual Conference

Hyatt Regency Chicago | Chicago, IL | April 12-16, 2027

AMGA President's Annual Conference Scholarship Application

Application process opens: November 2, 2026

Deadline to apply: January 29, 2027

Submit completed applications to philanthropy@amga.org

All fields required. Only fully completed applications will be considered.

Full Name with Designation/Degree: _____

Job Title: _____

Organization: _____

Please note: Only one application should be submitted per organization.

Email: _____ Phone Number: (_____) _____ - _____

LinkedIn Profile: https://www.linkedin.com/in/_____

Please check the following boxes below to provide your consent and confirmation.

- ☐ I am able to attend AMGA's 2027 Annual Conference.
- ☐ I give AMGA my permission to use my photo and name/organization in press release.

Have you attended an AMGA Annual Conference before?

◯NO ◯YES, I attended _____

Please provide the name, title and email address of a senior leader who will endorse this application:

Name & Title: _____

Email: _____

AMGA Foundation Mission

AMGA Foundation enables medical groups and other organized systems of care to consistently improve health and health care.

How will attending the conference help you to achieve the mission of AMGA Foundation, to improve health and health care? (200 words max)

AMGA Foundation partners with AMGA members to implement population health and quality improvement initiatives and campaigns. How will attending the conference help enhance your skills to advance population health and quality improvements at your health system? (200 words max)

How would the scholarship contribute to your immediate or long-range career plans? (200 words max)

Self-reported Demographic Questionnaire

AMGA has affirmed its commitment to increase diversity and inclusion within its leadership and its programs including race, ethnicity and gender, in order to better reflect the patients and communities served, and to serve as a model for member organizations. Your voluntary answers will be used by the Scholarship Selection Committee to ensure a diverse pool of applicants. All information will be handled in a sensitive and confidential manner.

1. Ethnicity and Race Categories— Please indicate all that apply to you
   - ◯ Asian
   - ◯ Hispanic or Latino
   - ◯ Native Hawaiian or Pacific Islander
   - ◯ Multi-Racial/-ethnic (Two or more races)
   - ◯ Decline to state
   - ◯ Black or African American
   - ◯ Native American or Alaska Native
   - ◯ White
   - ◯ Other – please state

2. What is your current sex?
   - ◯ Male ◯ Female
   - ◯ Preferred response not listed (Please specify): _____
   - ◯ Decline to state

3. Gender identity – Which of the following do you identify as?
   - ◯ Male
   - ◯ Non-Binary
   - ◯ Transgender Female
   - ◯ Female
   - ◯ Transgender Male
   - ◯ Decline to state

4. Sexual Orientation — Do you identify as a member of the lesbian, gay, bisexual, transgender or queer (LGBTQ+) community?
   - ◯ Yes ◯ No ◯ Decline to state

5. Have you ever served in the U.S. Armed Forces, Military Reserves, or National Guard?
   - ◯ Yes ◯ No ◯ Decline to state

6. Age
   - ◯ 20-29 ◯ 30-39 ◯ 40-49
   - ◯ 50-59 ◯ 60 or older ◯ Decline to state

7. Do you identify as a person with a disability or are you a person with accessibility needs?
   - ◯ Yes ◯ No ◯ Decline to state