

**Michigan Association for Pupil Transportation
Enrollment Application for MAPT Leadership Academy**



Date: _____

MAPT
Karen Losch, Executive Director
6250 W. Michigan Avenue, Suite A
Lansing, MI 48917

*The Road to Success

Begins With Professional Development*

Dear Karen:

Please consider this letter as my request to enroll in the MAPT Leadership Academy. The track I wish to follow is:

_____ *Supervisor* _____ *Future Supervisor* _____ *Trainer*
_____ *Technician* _____ *Dispatcher/Secretary*

I am a current Transportation Supervisor with _____ years experience in supervision. I understand that my participation in past Mandated Supervisor classes will count toward my certification.

I have attached documentation detailing my work history and educational background, including MAPT mandated and non-mandated classes/workshops.

Cost: _____\$50 Initial Certification _____\$25 Renewal Payment: PO # _____ Check # _____

I understand that I have five years to complete my chosen track and will qualify for the MAPT Leadership Certification upon successful completion of the class schedule. During the five years, I will need to maintain continuous MAPT Active Membership with payment of annual dues.

Name: _____ Signature: _____

School District: _____ Position: _____

School address: _____

Phone#: _____ Fax#: _____

Email address: _____

I _____ verify that the above named individual is an employee of _____. I understand that our employee will be participating in a professional development certification program designed for Transportation Personnel.

Signature of Superintendent or Designee

Title

MAPT Use Only: MAPT Member Dues Paid Payment received \$ _____ Date _____