



# Grandparenting Application

## Michigan Association for Pupil Transportation Voluntary Leadership Academy Program

Date: \_\_\_\_\_

### Your Application must include:

- 1. Your job description
- 2. Current organizational chart of your school entity
- 3. Application fee of \$50.00 made payable to MAPT for the Transportation Supervisor program and a current MAPT member
- 4. Transportation Supervisor Certification Card – Expiration Date \_\_\_\_\_  
(Issued by the Department of Education)

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### Submitted By:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School District: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Grandparenting Provision:

*Must have one of the following:*

- MSBO Certification completion date \_\_\_\_\_  
(Attach copy of certificate)
- MSBO/MAPT courses taken  
(See page 3)

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Please mail completed application along with supporting documents to:

Leadership Academy  
Michigan Association for Pupil Transportation  
6250 W. Michigan Ave., Suite A  
Lansing, MI 48917

### Payment Information:

- I have already paid the \$50 application fee
- Check enclosed made payable to MAPT

Signature: \_\_\_\_\_

# Educational Background/Employment History

## Educational Background

List Names and locations of educational institutions you attended	Dates Attended	Major	Certificate, degree or number of credits
College:			
College:			
Graduate School:			
Other:			
Other:			

## Employment History (list the last fifteen years only)

Name of Employer	Begin Date/End Date	Position Held
Present Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		



**Don't Forget to Include:**



**Verification by the Superintendent or Board President/Applicant Signature**

Verification by the Superintendent or Board President

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said applicant has correctly and accurately checked the areas of responsibility indicated in their job description; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity, and has demonstrated competence and proficiency in school business assignments and responsibilities.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
School District: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**Applicant Signature**

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities in school transportation; and I will make every effort to contribute to my profession and to the Michigan Association for Pupil Transportation.

I verify that I am a member of Michigan Association for Pupil Transportation. I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to Michigan Association for Pupil Transportation, its staff, and/or its Professional

Development Committee to review and verify the information contained in, or in connection with, this application.

I, (name of applicant) \_\_\_\_\_, certify I am with this school district and that the information in this application is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date