

Michigan Association for Pupil Transportation Scholarship Application

This scholarship application form must be fully completed to be considered. The application and employer should understand that the scholarship may cover maximum of 50% of the program registration fee (see scholarship criteria for details). A committee appointed by the MAPT Executive Board will review all applications. Applicants will be notified of the review committee's decision by letter. The applicant must be an MAPT ACTIVE Member and meet the criteria list on the attached sheet. Scholarship support does not cover hotel accommodations, meals, mileage or material.

PERSONAL INFORMATION (Please Print)

Applicant's Name: _____ District: _____

Employer's Address: _____
Street, City, State and Zip

Business Telephone: _____ Fax: _____

Length of time with current employer: _____ Number of years as an MAPT Member: _____

Please list any offices or responsibilities held in MAPT or in your regional activities serving MAPT:

Employer's Statement of Support:

On a separate sheet a senior administrator from the applicant's employing organization must indicate support for the applicant's participation in the MAPT Program. Also, the administrator must indicate if the employer will provide financial support to the applicant for non-scholarship expenses.

Name of MAPT Course or Program: _____

Date/Time of MAPT Course or Program: _____

Registration Fee for this MAPT Course or Program: _____

Application's statement of purpose for participating in the MAPT Course or Program: Application should indicate why he/she would like to participate in the program and how participation will enhance his/her professional skills.

To the best of my knowledge the statement presented on this form are true and accurate:

Signature of Applicant

Date

Application deadline is 30 days prior to MAPT Course or Program.

Revised 6/15/07