



**2011-2012**  
**Scholarship Application Form**  
*You must be a MACDE Member to apply*

**EVENTS OUTSIDE OF MACD**

**Applicant information:**

Name:

Address:

Email:

District:

MACDE Member: Yes or No

**Description of Training:**

**How will attending this training impact your District?**

**Other funding:**

**Registration fee and costs associated:**

**Scholarship requested: \$125**

**Time frame:**

**Other supporting information:**