

# Middle Management Association

525 Park Street \_ Suite 333 \_ St. Paul, MN 55103-2106

## PROFESSIONAL DEVELOPMENT APPLICATION FOR MMA MEMBERS

To be considered, application must be completed and returned to the MMA office no later than 4:30PM on the posted due date. Late submissions will not be considered. Submissions may be sent via email to [cmcclellan@mmamn.org](mailto:cmcclellan@mmamn.org) or mailed directly to the office.

Please print

**APPLICANT'S NAME:**

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**HOME ADDRESS:**

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**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE: (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGENCY/DEPARTMENT WHERE YOU WORK:** \_\_\_\_\_

**GRANT CYCLE FOR WHICH YOU ARE APPLYING:**

January 1 to June 30 (due December 1<sup>st</sup>) \_\_\_\_\_

July 1 to December 30 (due June 1<sup>st</sup>) \_\_\_\_\_

Please review the Professional Development Funds eligibility criteria and "Applicant Instructions" prior to completing this form.

By signing this application, you are certifying the information you have provided is accurate to the best of your knowledge. Negligent misuse or abuse of funding may result in forfeiture of future selection and/or fund reimbursement from your local association.

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**APPLICANT'S SIGNATURE**

**Date**

Please complete the following:

1. I am currently a paying member of the Middle Management Association

YES \_\_\_\_\_ NO \_\_\_\_\_

2. My agency/department is:

\_\_\_\_\_ ABLE to provide funding support for this request.  
\_\_\_\_\_ NOT ABLE to provide funding support for this activity.

*If you check NOT ABLE, please attach a written explanation as to why your agency/department is not able to provide funding support.*

3. I have received Professional Development funds from MMA in a prior fiscal year. Note:  
*The Professional Development fund is separate from the Scholarship Fund.*

YES \_\_\_\_\_ NO \_\_\_\_\_

*If YES, please provide the date that you received Professional Development funding from MMA:*

\_\_\_\_\_  
*DD/MM/YYYY*

4. I am requesting funds (not to exceed \$1500) for the purpose of (check all boxes that apply below):

- |  |               |
|--|---------------|
| <input type="checkbox"/> Registration Fee  | amount: _____ |
| <input type="checkbox"/> Travel expenses   | amount: _____ |
| <input type="checkbox"/> Certification Fee | amount: _____ |
| <input type="checkbox"/> Other             | amount: _____ |

5. Please specify all available event (training, workshop, seminar, course) information including date, time, location and title of the event. Attach a brochure, website link or registration form for the event. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please attach a detailed budget explaining the various costs for the training including hotel, meals, transportation, registration, and any other associated costs.

7. Please attach a detailed written description of rationale stating how the activity will help you grow professionally in your current role as a supervisor.

**NOTE:** *If you are selected to receive funds and the scheduled event/training has been cancelled or you are unable to attend, please contact MMA immediately so funds can be reallocated.*