**Middle Management Association**

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

**2018 PROFESSIONAL DEVELOPMENT APPLICATION**

**FOR MMA MEMBERS**

To be considered, application must be completed and returned to the MMA office by 4:30 pm on the posted due date. Late submissions will not be considered. Submissions may be sent via email to cmcclellan@mmamn.org or mailed directly to the office.

*Please print*

**APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

**January 1 to June 30 (due December 1st) \_\_\_\_\_\_\_\_\_\_**

**July 1 to December 30 (due June 1st)\_\_\_\_\_\_\_\_\_\_**

**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.**

**APPLICANT’S SIGNATURE: Date:**

**Please complete the following:**

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

**YES NO**

1. **I am requesting funds (not to exceed $1500) for the purpose of (check all boxes that apply below):**
   * **Registration Fee amount:\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Travel expenses amount:\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Certification Fee amount:\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount:\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **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.**

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1. **Please attach a detailed budget explaining the various costs for the training including hotel, meals, transportation, registration, and any other costs associated costs.**
2. **Please describe why you are not able to secure funding from your department or agency. (If your agency is providing a portion of the expenses, please also include this information here)**

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1. **Please attach a detailed written description (up to two pages) of rationale stating how the activity will help you grow professionally.**

***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.***