

MAADAC Scholarship Application (MAADAC Members Only)

(All scholarship applications must be re		-	
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Name:			
Mailing Address: City, State, Zip			
Daytime phone:		_Email:	
•		nt expenses; and the amount you/others will be vel etc.) ENCLOSE A COPY OF THE TRAINING	
2. Please explain your expectations	s for this training e	vent.	
3. Is there any other information y	ou'd like to share w	with us?	
ATTENDANCE. IN OTHER WORDS, YOU WILL BE PRIOR TO THE EVENT, APPROXONLY BE CONSIDERED DURING THIS CO	J NEED TO PAY UP FR KIMATELY 2-3 WEEKS DVID-19 PERIOD OF TI DCARE EDUCATION CE per training is \$200	APPLICANT UPON MAADC'S RECEIPT OF YOUR CERTIFICATE RONT AND WE WILL REIMBURSE YOU – IF APPROVED. APPI S AFTER REQUEST FOR SCHOLARSHIP. ONLINE TRAININGS TIME. TRAININGS MUST BE PRE-APPROVED BY MBSACC AL INSTITUTE. Approval will be considered for one training 100.	ROVA WILL
Approved by: Date Received Attendance Report:		Approved Amount: Date sent check to individual:	