

**Maryland Correctional Administrators Association
Professional Development
Grant Application**

1. Applicant Information

A. Applicant Name: _____
Last First Middle Initial

B. Permanent Mailing Address: _____
Street/PO. Box Apt. Number

_____ City State Zip Code

C. Telephone: _____
Home Work Fax

D. Current Employer: _____
Employers Name

_____ Address

_____ City State Zip Code

_____ Telephone Number Immediate Supervisor

Current position held: _____

E. MCAA member _____ Employee of MCAA member Agency _____

F. Years in Corrections/Criminal Justice: _____

G. List current degrees/certifications/licenses held: _____

Program Information: **Grant applications may only be submitted for professional development courses (e.g. leadership, ethics, etc) or for skill/task enhancement (e.g. locksmith, armorer, etc)**

A. Is the grant intended for individual_____ or institutional _____ use?
Note: If individual use it may not be for an advanced educational degree.

B. Program Title _____

C. Program Location (Where conducted)

Address	City, State	Zip Code	Telephone Number
---------	-------------	----------	------------------

D. Program Contact Person/Facilitator/Sponsor:

Name	Title	Phone Number
------	-------	--------------

E. Length of program:
Start Date: _____ End Date: _____
Days of Attendance: _____
Program Time/Hours: _____

Note: Attach any documentation describing the program, the cost, end result (certification, licensure)

F. Does the program lead to any certification/licensure for participant(s)?

G. To your knowledge is the program certified or accredited? _____
If so, by what agency: _____

H. Briefly describe what benefit will be derived from this program of instruction:

I. Amount Requested: _____

J. Actual cost of program participation: _____

K. Are there matching funds available from Federal, State, or Local sources? _____

L. In what amount/percentage: _____

M. List three professional references:

1. _____
Name

Address

City/State/Zip Code

Phone Number (Home) (Work)

2. _____
Name

Address

City/State/Zip Code

Phone Number (Home) (Work)

3. _____
Name

Address

City/State/Zip Code

Phone Number (Home) (Work)

Certification:

I hereby certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any information found to be incorrect, untrue or false will result in disqualification of this application.

I further certify that I am either an employee of an MCAA member agency or an MCAA member.

MCAA Member Sponsor Name (PRINT)

MCAA Member Sponsor Signature
(Current member in good standing)

Date

Applicant Name (PRINT)

Applicant Signature

Date