

MCDVS Scholarship Funds Application

Please submit at least 3 weeks prior to the event.

Member Data:

Name _____ Title _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ FAX _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Professional Development Request: I would like to attend (please check one):

Elements (fall) Elements (spring) Professional Development Day

Amount requested (max is 75% of registration fee) _____

Briefly state reason for attending this event. _____

Have you previously received a MCDVS Scholarship? Yes No

If yes, please give date, event, and amount of scholarship _____

I hereby affirm to the best of my knowledge that funds are not through my employer for this experience. I also understand that, if the MCDVS Scholarship Committee approves my application, I am required to submit a written report following this experience to share with Council members. I further understand that my report should include a synopsis of all portions of the program attended and that I should obtain handouts or other materials, when possible, to include with my report.

Signature of Applicant

Date

Please return your completed application to:
MDVS, c/o Latrice Price, The Living Legacy Foundation, 1730 Twin Springs Road,
Suite 200, Baltimore, MD 21227