



Ed MacDonald

Safety Scholarship Program Group Application

PURPOSE

MMA's Risk Management Services is committed to assisting its Workers' Compensation Fund members in their safety efforts. The prevention of occupational injury and illness is in everyone's best interest. The primary purpose of the Safety Scholarship Program is to help members reduce or eliminate employee injuries by advancing their safety or risk management skills.

ELIGIBILITY

Current Workers' Compensation Fund members are eligible to apply. Applications need to be received a minimum of twenty-five (25) days prior to the start of the training. Scholarships will be awarded for participation in safety workshops, risk management seminars or other related training programs.

Group Scholarship Examples

- Confined Space Rescue Training
- EVOC for Fire & AVOC Ambulance
- Aircraft Emergency Response Training
- Low-angle Rescue Training
- Cold / Fast water Rescue Training
- Aircraft Emergency Response Training

Training aids and materials designed for instructing others do not fall under the scholarship guidelines but may be considered for a Safety Enhancement Grant.

GROUP AWARDS

Group scholarship awards will be made for on-site classroom training. Applications will be considered for training that address area or regional needs, provides specialized topics, advances training, is unavailable at the local level, or will train instructors who will return to their employers to train others.

When on-site group training is available to a member at no cost for instruction, scholarship applications will be accepted to cover the cost of the educational materials including, but not limited to classroom books. Scholarships will not be awarded for a member's usual annual training, free training programs, training provided by a member's own staff, or for training costs that may be reimbursed by another source.

The maximum amount of any special group award is \$2000. A member may receive a total of \$3000 for Individual and Group awards in any one calendar year. We reserve the right to review appropriate documentation of all expenses.

Each application received is reviewed on its own merits and awards are contingent on available funds.



APPLICATION CHECKLIST:

- Is the application being submitted 25 days in advance of the training date?
- Have you included a copy of the course outline?
- Have you noted the dates the training will take place?
- Have you indicated the need, scope of program, goals and anticipated outcome?
- Has the membership committed funds for the training prior to reimbursement and/or anything over the scholarship?
- Have you applied or received scholarship or grant money from other organizations?
- Have you included a cost break down for the training?
- Has the Applicant signed the application (if different from the Key Official)?
*** Electronic signatures are accepted ***
- Has the Key Official (*Town or City Manager, District Superintendent or Selectperson*) signed the application? *** Electronic signatures are accepted ***
- Has the application been filled out completely?
- Is all supporting documentation included with the application?
- Have you made a copy for your records?
- Send in application or question to:
 - **Preferred E-mail:** safetygrants@memun.org
Subject Line: Safety Scholarship Application
 - **Fax:** 207-624-0127



APPLICATION

Contact Person's Name and Title:

Member's Name:

Department:

Contact's e-mail:

Contact's Phone:

1. What specific safety or risk management educational activity do you wish to participate in and how will this training reduce or eliminate injuries to employees? Please attach information from the sponsoring organization. **Include cost estimates for all aspects of the educational activity.** (See below)

2. Who will participate in this group training?

Date when class or training event will be conducted:

3. Has your organization committed funds for the training prior to reimbursement and/or anything over the scholarship? Yes No

4. Have you applied for or received grants or funding from other sources for this training? Yes No

If yes, from whom:

Amount:

Cost of educational event you want to participate in?

Registration	
Course Materials	
Overnight/Meals	
Travel	
Total Costs of Event	

Applicant Signature:

Date Signed:

Print Name and Title:

Key Official Signature:

Date Signed:

Print Name and Title:

Key Official's e-Mail: