



Ed MacDonald

Safety Scholarship Program Individual 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

Members who enrolled in the Workers' Compensation Fund, 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.

Individual or Group Scholarship Examples

- Safety & Health Conference
- Violence in the Workplace Seminar
- Harbor Masters Training
- Ergonomics Assessment Trainer
- Verbal Judo
- Firefighter 1 & 2

Training aids and materials designed for instructing others do not fall under the scholarship guidelines but may be considered for a Safety Enhancement Grant. Total cost of the request amount must be a minimum of \$50.

INDIVIDUAL SCHOLARSHIP AWARDS

Individual awards may not exceed \$1,000. No individual may receive more than two awards in a calendar year. The scholarships cover reasonable expenses, registration costs, textbooks/study materials, travel, lodging and meals. Wages, overtime pay, shift differential, etc. are not eligible. When four (4) or more individuals are attending the same training, one application may be submitted that lists the names of everyone who will be attending. Scholarships are reviewed and approved throughout the year.

A member may receive a total of \$3,000 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:

- If you are making the application for four or more individuals, have you included all of their names and titles?
- Is there a description of the safety or risk management responsibilities the individual(s) have?
- Have you included a copy of the course outline or seminar program?
- Have you noted the dates the training will take place?
- Have you included a written summary explaining why participating in this safety or risk management activity will help you in your current position?
- Is there a recommendation from your supervisor?
- Has the membership committed funds for the training prior to reimbursement and/or anything over the scholarship?
- Have you applied or received a scholarship or grant money from any another organization?
- 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 submitted 25 days in advance of the training date?
- Has the application been filled out completely?
- Has all supporting documentation been 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 - Individual

Contact Person's Name and Title:

Organization's Name:

Contact's e-mail:

Contact's Phone:

1. Please attach information from the sponsoring organization. **Include cost estimates for all aspects of the educational activity.** (See below)
2. How will this safety or risk management educational activity you wish to participate in reduce or eliminate employee injuries?

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: