## **2018 MAAP Annual Conference Scholarship Application**

APPLICANT MUST BE A MEMBER OF MAAP. The MAAP Conference Scholarship Fund was created to financially assist professionals in the field of addiction with the registration costs associated with attending the annual conference. Send your completed application, marked CONFIDENTIAL to MAAP, Scholarship Committee; 4785 Old Canton Road, Jackson, MS 39211. Application must be post marked no later than *May 24, 2018*.

Name:	Credentials:	
Address:		
City:	State:	
Phone:		
Email:		
Employer:		
Address:		
City:	State:	Zip:
Phone: Superviso	Supervisor:	
Current Position:	Years in Current Posi	tion:
Applicant should complete <u>all</u> sections of this form. Please use additional paper as needed.		
Number of Years in the Field of Addiction:		
I am In-Process of becoming certified.	I am Certified: Cer	rtificate #:
Number of Years Certified:		
Please explain your reason for requesting a Scholarship. Give a brief overview of how attending the annual conference will help you in your current position?  List outstanding service and accomplishments within your field or organization:		
Over the past 12 months, what programs have you participated in to further your knowledge of issues related to your career? (Other professional programs, etc)		
Please state your professional short and long-term goal	S:	
My Signature attests to the above statements to be true and correct.		
Signature	 Dat	e