



## ***MMA Risk Management Services Scholarship Grant Program***

### **PURPOSE**

The Scholarship Program provides assistance to members of the Workers Compensation Fund to enhance their safety or risk management skills. Scholarships will be awarded for participation in safety workshops, risk management seminars or other related training programs in public entity risk management and/or safety.

A few examples of educational opportunities include:

- Confined Space Rescue Training
- EVOG Training for Fire & Ambulance
- OSHA Building Certification
- Safety & Health Conference
- Violence in the Workplace Seminar
- Harbor Masters Training

### **ELIGIBILITY**

Only current members of the Workers Compensation Fund are eligible to participate. A committee of RMS management staff reviews and approves all applications to award scholarships. We reserve the right to review appropriate documentation of all expenses.

### **INDIVIDUAL SCHOLARSHIP AWARDS**

Individual awards may not exceed \$500. No individual may receive more than two awards in a calendar year. No member (entity) may receive more than \$3,000 in one year. The scholarships cover reasonable expenses associated with registration, textbooks and study materials, travel, lodging and meals. Wages, overtime pay, shift differential, etc. are not eligible. Awards can be made to cover travel and other acceptable expenses, even if there is no fee for the program itself. When more than 3 persons will attend the same training at the same cost (including all expenses, etc.), one application can be submitted with a list of names of persons that will attend. Scholarships are granted throughout the year.

### **“SPECIAL” GROUP AWARDS**

Under special circumstances, group scholarship awards will be made for on-site classroom training. We will consider applications for training that:

- addresses area or regional needs
- provides specialized topic-specific training
- provides advanced training
- is unavailable at the local level
- is to train the instructor

When on-site group training is available to a member at no cost for instruction, we will accept a scholarship application to cover the cost of educational materials including, but not limited to classroom books. We will not award scholarships for a member's usual annual training, for free training programs, for training provided by a member's own staff, or for training costs that may be reimbursed by another source. The general guidelines that apply to the individual scholarship grants apply to special group awards as well.

The maximum amount of any special group award is \$2,000. In any one year a member may receive a total of \$3,000 for individual and group scholarships. Training aids and materials designed for instructing others do not fall under the scholarship guidelines but may be considered for a Safety Enhancement Grant. Each application received is reviewed on its own merits.



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### **APPLICATION GUIDELINES**

- Completed applications must be submitted to the MMA RMS department at least 45 days before the intended educational event. Applicants will be notified of their status within 30 days of receipt of the application.
- The application must include the following:
  - ✓ A one-page summary explaining why the applicant feels participating in the program will help him/her conduct his/her job duties more professionally and effectively. For special group applications, state the expected value to the group.
  - ✓ A written recommendation from applicant's current supervisor/manager must be attached.
  - ✓ A Key Official (Town/City Manager, Selectperson, Director) must sign **ALL** applications.
  - ✓ Cost breakdown of educational event. Request must be for at least \$50.
- Reimbursement will not be made for scholarship costs that have also been paid for by other grant programs or funding sources.
- Awards will be made by the Committee and applicants will be notified of their status within 30 days of receipt of the application. All awards are final. Award commitments will be based on your cost estimates, but we will require receipts before disbursing funds. Proof of completion and reimbursement requests must be submitted no later than 1 year from the date of issue or the grant will be withdrawn.
- Mail or fax the completed application and supporting documents. (Keep a copy for your records).

***To:***

***Maine Municipal Association  
Risk Management Services  
Attn: Loss Control Dept.  
60 Community Drive  
PO Box 9109  
Augusta, ME 04332-9109  
Fax: 207-624-0127***

**Note: Application must be completed entirely, dated and signed by applicant and key official in order to be considered for a grant.**



**Maine Municipal Association  
Risk Management Services  
Scholarship Grant Application**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Entity (City/Town, etc.): \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**STOP If you have not read all of the instructions, please do so now!**

Do you currently have safety or risk management responsibilities? If so, please explain. (  N/A for "special group awards)

\_\_\_\_\_

\_\_\_\_\_

What specific safety or risk management educational activity do you wish to participate in? Please attach information from the sponsoring organization. Include cost estimates for all aspects of the educational activity. (See below).

\_\_\_\_\_

\_\_\_\_\_

Attach a one page written summary explaining why participating in this safety or risk management activity will help you in your current position. For "special group awards" indicate the need, scope of program, goals/objectives and anticipated outcome.

Attach written recommendation from your current supervisor.

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	
	<b>Total Costs of Event</b>	

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Key Official Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

For further information regarding this program, please contact our:

**Loss Control Technician at 1-800-590-5583**

Please mail or fax the completed application and supporting documents to: (please keep a copy for your records)

**Maine Municipal Association, Risk Management Services  
60 Community Drive, PO Box 9109, Augusta, ME 04332-9109**

**Attn: Loss Control Dept.**

**Fax: 207-624-0127**

**(We will accept applications by Fax, but illegible or incomplete applications will not be considered.)**