

# 2012 - 2013 APPLICATION FOR MSPA PROFESSIONAL TRAINING GRANTS

## Cover Page

PLEASE TYPE OR PRINT

1. Names(s): \_\_\_\_\_  
(Enter the LEA, Association, College or University, or other organization that is applying for the grant.)
2. Program Title: \_\_\_\_\_  
(Enter a descriptive name for the program.)
3. Contact Person(s): \_\_\_\_\_  
(Enter the name of the person responsible for the operation and administration of the program.)
4. Telephone Number (s): \_\_\_\_\_  
(Enter the telephone number of the contact person.)
5. Address: \_\_\_\_\_  
\_\_\_\_\_  
(Enter the mailing address for the LEA or organization.)
6. E-mail Address(es): \_\_\_\_\_
7. Requested Funding Period: From \_\_\_\_\_ To \_\_\_\_\_  
(Enter the desired beginning and ending dates for the program.)
8. Other Participants: \_\_\_\_\_  
(Enter other LEA's or groups which will be invited to participate in the program.)
9. Projected Attendance: \_\_\_\_\_  
(Enter the number of school psychologists expected to attend the program)
10. Total Amount Requested: \_\_\_\_\_  
(Enter the total amount requested. This should agree with the total budget as shown on the Grant Budget Form.)
11. Application Submitted By: \_\_\_\_\_  
(Enter the name of the director, supervisor, or chief officer of the organization.)
12. Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(The director, supervisor or chief officer of the organization must sign and date this cover page.)

**THIS APPLICATION MAY BE COMPLETED ELECTRONICALLY, HOWEVER,  
AN ORIGINAL DIRECTOR'S/SUPERVISOR'S SIGNATURE IS REQUIRED.**

**All forms must be received no later than December 31, 2011.**

**Please mail your form to:**

**MSPA Grants; c/o Ann Hammond  
191 South East Street, Frederick, MD 21701  
OR**

**Fax your forms to: Ann Hammond 301-644-5304**