

MICHIGAN ASSOCIATION OF EQUALIZATION DIRECTORS

2023

Application for First Time MAED Conference Attendee Scholarship



Name: _____ County: _____

Title: _____ E-mail address: _____

County Address: _____ Certification Level: _____

_____ Office Phone: _____

of Years of Experience: _____ # of Years in Position: _____

Location of Conference: _____ Date(s) of Conference: _____

Conference Fees: Registration: \$ _____ Accommodations: \$ _____

Have you ever attended a MAED Conference: Yes _____ No _____

FIRST TIME MAED CONFERENCE ATTENDEE SCHOLARSHIP CRITERIA:

1. **The applicant must be a Director of an Equalization Department that is a member in good standing with the MAED and who has never attended an MAED Conference**
2. **The application must be submitted to the Scholarship Committee Chair by May 26, 2023**
3. **One Scholarship will be awarded by Lottery at the June MAED Executive Board Meeting**
4. **The MAED Executive Board will waive the conference registration fee for the applicant awarded the Scholarship**
5. **Accommodation reservations for the applicant awarded the Scholarship will be made by MAED and paid for out of the First Time MAED Conference Attendee Scholarship Fund**
6. **Applicant awarded the Scholarship is responsible for notifying the Scholarship Committee Chair immediately if circumstances occur requiring them to cancel their attendance to the MAED Conference.**

I have read the Michigan Association of Equalization Directors (MAED) First Time MAED Conference Attendee Scholarship Criteria as listed above and I understand that it is my obligation to notify the Scholarship Committee Chair immediately if circumstances occur that require the cancellation of my registration for the MAED conference and accommodations.

Signature of Applicant _____ Date _____

For MAED Use Only:

Application # _____

Date Received: _____
If NO: _____

Information Complete: YES / NO
Date to Committee: _____

Please e-mail your completed scholarship application to:

Committee Recommendation: _____ Approve: _____ Deny*: _____

*Reason: _____

M.A.E.D. Scholarship Committee
Mellissa Hayduk, Chair
Equalization Director, Genesee
County E-mail:

MAED Meeting Date: _____ Board Action: Approve: _____ Deny*: _____

*Reason: _____

mhayduk@geneseecountymi.gov
Phone:(810) 257-2631

Date Treasurer Notified of Action: _____

Date Applicant Notified of Action: _____