

MICHIGAN ASSOCIATION OF EQUALIZATION DIRECTORS

2024

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 June 3, 2024
- 3. Scholarship(s) will be awarded by Lottery at the June MAED Executive Board Meeting (Number of Scholarships awarded is dependent on fund balance)
- 4. The conference registration fee for the applicant(s) awarded the Scholarship will be paid for out of the First Time MAED Conference Attendee Scholarship Fund
- 5. Accommodation reservations for the applicant(s) awarded the Scholarship will be made by MAED and paid for out of the First Time MAED Conference Attendee Scholarship Fund
- 6. Applicants awarded the Scholarship are 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: _____