Michigan Association for Pupil Transportation
Enrollment Application for MAPT Leadership Academy

Date:_____

MAPT
Karen Losch, Executive Director
6250 W. Michigan Avenue, Suite A
Lansing, MI 48917

The Road to Success

Begins With Professional Development

Dear Karen:
Please consider this letter as my request to enroll in the MAPT Leadership Academy. The track I wish to follow is:

____ ***Supervisor*** ____ ***Future Supervisor*** ____ ***Trainer***
____ ***Technician*** ____ ***Dispatcher/Secretary***

I am a current Transportation Supervisor with ____ years experience in supervision. I understand that my participation in past Mandated Supervisor classes will count toward my certification.

I have attached documentation detailing my work history and educational background, including MAPT mandated and non-mandated classes/workshops.

Cost: ___$50 Initial Certification ___$25 Renewal Payment: PO #_____ Check #_____

I understand that I have five years to complete my chosen track and will qualify for the MAPT Leadership Certification upon successful completion of the class schedule. During the five years, I will need to maintain continuous MAPT Active Membership with payment of annual dues.

Name:_____ Signature:_____

School District:_____ Position:_____

School address:_____

Phone#:_____ Fax#:_____

Email address:_____

I _____ verify that the above named individual is an employee of _____. I understand that our employee will be participating in a professional development certification program designed for Transportation Personnel.

_____ _____
Signature of Superintendent or Designee Title

MAPT Use Only: ☐ MAPT Member Dues Paid Payment received $ _____ Date _____