



Grandparenting Application

Michigan Association for Pupil Transportation Voluntary Leadership Academy Program

Date: _____

Your Application must include:

- 1. Your job description
- 2. Current organizational chart of your school entity
- 3. Application fee of \$50.00 made payable to MAPT for the Transportation Supervisor program and a current MAPT member
- 4. Transportation Supervisor Certification Card – Expiration Date _____
(Issued by the Department of Education)

Submitted By:

Name: _____

Title: _____

School District: _____

Address: _____

City/Zip: _____

Phone #: _____

Fax #: _____

E-mail: _____

Grandparenting Provision:

Must have one of the following:

- MSBO Certification completion date

(Attach copy of certificate)

- MSBO/MAPT courses taken

(See page 3)

Please mail completed application along with supporting documents to:

Leadership Academy
Michigan Association for Pupil Transportation
6250 W. Michigan Ave., Suite A
Lansing, MI 48917

Payment Information:

- I have already paid the \$50 application fee
- Check enclosed made payable to MAPT

Signature: _____

Educational Background/Employment History

Educational Background

List Names and locations of educational institutions you attended	Dates Attended	Major	Certificate, degree or number of credits
College:			
College:			
Graduate School:			
Other:			
Other:			

Employment History (list the last fifteen years only)

Name of Employer	Begin Date/End Date	Position Held
Present Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		

Don't Forget to Include:



Verification by the Superintendent or Board President/Applicant Signature

Verification by the Superintendent or Board President

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said applicant has correctly and accurately checked the areas of responsibility indicated in their job description; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity, and has demonstrated competence and proficiency in school business assignments and responsibilities.

Signature: _____
Print Name: _____
Position: _____
School District: _____
Address: _____
City/Zip: _____
Telephone #: _____

Applicant Signature

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities in school transportation; and I will make every effort to contribute to my profession and to the Michigan Association for Pupil Transportation.

I verify that I am a member of Michigan Association for Pupil Transportation. I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to Michigan Association for Pupil Transportation, its staff, and/or its Professional

Development Committee to review and verify the information contained in, or in connection with, this application.

I, (name of applicant) _____, certify I am with this school district and that the information in this application is accurate and correct to the best of my knowledge.

Signature of Applicant

Date