MCRA ANNUAL CONFERENCE SCHOLARSHIP APPLICATION

THIS IS A "FILLABLE" DOCUMENT AND MAY BE COMPLETED ON A COMPUTER BY BEGINNING WITH THE "NAME" FIELD AND TABBING TO THE NEXT FIELD, ETC. TO SUBMIT REGISTRATION FORM, SAVE AS A FILE AND E-MAIL AS AN ATTACHMENT TO INFO@MCRAINC.COM

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ PHONE NUMBER: _____

PLEASE TELL US WHY YOU WANT TO ATTEND THE MCRA ANNUAL CONFERENCE:

PLEASE TELL US HOW YOU WILL USE YOUR TRAINING FOLLOWING THE CONFERENCE:

PLEASE CHECK ALL THAT APPLY:

- ☐ I AM CURRENTLY A MEMBER OF A CRISIS RESPONSE TEAM
  IF CHECKED, WHAT IS THE TEAM NAME? _____
- ☐ I AM PLANNING TO JOIN A TEAM
  IF CHECKED, WHAT IS THE TEAM NAME? _____
- ☐ I AM NOT RECEIVING TUITION SUPPORT FROM ANYT OTHER SOURCE FOR MORE THAN 50% FOR THE COST OF THE CONFERENCE
- ☐ **I HAVE NOT** ATTENDED THE MCRA ANNUAL CONFERENCE BEFORE
- ☐ **I HAVE** ATTENDED THE MCRA ANNUAL CONFERENCE BEFORE
- ☐ I HAVE RECEIVED ENDORSEMENT FROM A TEAM LEADER
  TEAM LEADER NAME: _____
  TEAM LEADER PHONE AND/OR EMAIL: _____

YOU MUST HAVE THE ENDORSEMENT OF A TEAM LEADER TO BE CONSIDERED FOR THIS SCHOLARSHIP

THIS FORM MUST BE SUBMITTED BY AUGUST 15, 2027

SUBMIT TO: INFO@MCRAINC.COM