



CDL Scholarship Funding Request

Funding requested for: Fall (year)_____; Spring (year)_____; Immediate use_____

Applicant Name: _____

Contact Name: _____

Position: _____

School: _____

Email: _____

Phone: _____

Payable to: _____

Address _____

City/State/Zip: _____

I, (print name) _____, do hereby certify that the information provided in this Funding Request is accurate, and that my Principal has approved and agreed to support this project.

Applicant signature: _____

Date: _____

Make sure that you have completed the other side of this form before submitting the Funding Request

MRMA CDL Scholarship Funding Request

Number of students covered: _____ Amount Requested: \$ _____

NOTE: Your project/funding MUST be used for CDL training. Please attach an overview of the CDL program being offered.

Complete the following table. Note that all items must be training related, and that preference should be given to local vendors when available.

Student Name	Career Plans	Total Amount

Email Funding Request to: Director@MRMAFL.com

Make sure that you have completed the other side of this form before submitting the Funding Request