

MAFS Professional Development Fund Application

Name: _____

Agency: _____

Address: _____

Telephone: _____ Email: _____

Number of Years as a MAFS Member: _____

Past MAFS involvement (list all positions, committees, papers, posters, meetings, Workshops, etc.)

Briefly describe why you are applying for the fund and how it will benefit you.

I have attached an abstract of my paper and agree to abide by the terms of the MAFS Professional Development Fund.

Signature: _____ Date: _____