

## **Maryland Public Purchasing Association, Inc.**

### **Stanley D. Zemansky Educational Aid Program**

#### **Overview and Instructions**

The Maryland Public Purchasing Association, Inc. (MPPA) Stanley D. Zemansky Education Aid Program was established to provide educational opportunities for training and professional development to public purchasing professionals seeking a public purchasing career. MPPA is dedicated to advancing the professional goals of individuals in, or seeking a career in, public procurement, thereby increasing their competency, enhancing their career opportunities and improving the quality of their professional life.

This program provides financial aid for courses, programs, and seminars related to public procurement, contracting, materials management, inventory control, specifications development, contract administration, contract negotiations, and other related subjects. This program applies to all areas of educational opportunities.

In order to be eligible for aid, you must be a MPPA Chapter member in good standing as of the date the request is submitted and remain so during the period in which the aid is provided.

To request educational aid, members must submit the attached application to the Recognition Chairperson prior to the required registration deadline or payment due date. Upon receipt of the completed application, the Recognition Chairperson shall review the application for content and compliance. If the application is approved, the Chairperson shall forward the request for education aid to the Treasurer so that a check may be issued to the payee.

If denied, the member shall be so notified in writing by the Recognition Chairperson as to the reason(s) for the denial.

The Recognition Chairperson shall maintain a record of all members approved for education aid and shall report such to the Board of Directors.

**Maryland Public Purchasing Association, Inc.  
Stanley D. Zemansky Educational Aid Program**

**Application**

Name \_\_\_\_\_ Certification(s) \_\_\_\_\_  
(CPPO, CPPB, C.P.M., etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone (Opt.) \_\_\_\_\_

Current Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Employer Fax \_\_\_\_\_

Member in Good Standing in MPPA  Yes  No  
Job Description Attached  Yes  No and/or Resume Attached  Yes  No

Training Desired \_\_\_\_\_  
(Seminar/Course Title)

Sponsor \_\_\_\_\_ Cost \_\_\_\_\_  
Payee \_\_\_\_\_ FEIN No. \_\_\_\_\_  
(If Different from Sponsor)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Course Description Syllabus (You may describe here or attach a separate document.): \_\_\_\_\_

Benefits Derived: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed By The Applicant's Employer**

|  |             |
|--|-------------|
| <p>I certify that _____ is not reimbursing<br/>(Name of Entity/Jurisdiction and Department)<br/>the applicant for the funds sought under this program.</p> |             |
| Employer's/Supervisor's Signature _____  | Date _____  |
| Employer's/Supervisor's Printed Name _____   | Phone _____ |

**For MPPA Office Use Only**

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|--|--|
| Recognition Committee:<br>Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ | Treasurer:<br>Check No. _____ Date _____ |
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