



SAFE SCHOOLS SCHOLARSHIP APPLICATION

FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

SCHOOL / FACILITY NAME

ARE YOU A CPL HOLDING INDIVIDUAL IN THE STATE OF MICHIGAN?

Yes No

ARE YOU A STAFF MEMBER (JANITOR, TEACHER, SECURITY GUARD, BUS DRIVER, ETC) OF A MICHIGAN SCHOOL, PUBLIC OR PRIVATE WHICH CARES FOR, EDUCATES, OR HOLDS AFTER-SCHOOL PROGRAMS WITH KIDS OF ALL AGES THAT IS LISTED AS A CURRENT "GUN FREE ZONE" TO THE PUBLIC?

Yes No

DO YOU HAVE LAWFUL PERMISSION TO CARRY A FIREARM WHILE ON DUTY?

Yes No

HAVE YOU ATTACHED A SIGNED LETTER FROM YOUR FACILITIES' PRINCIPAL / SUPER-INTENDANT / DEAN GRANTING PERMISSION TO CARRY AT WORK?

Yes

ELIGIBLE SCHOLARSHIP CLASSES:

Foundation Handgun | Foundation Shotgun | Foundation Carbine
Handgun Cover & Movement | Long Gun Cover & Movement | Low Light Handgun
Low Light Carbine | When Things Go Bad | Home Defense (Shoothouse)

#1 DESIRED CLASS DATE

DESIRED CLASS NAME

#2 DESIRED CLASS DATE

DESIRED CLASS NAME

#3 DESIRED CLASS DATE

DESIRED CLASS NAME

If you have any questions, please email info@trainmdfi.com.

Mail this completed form along with your credentials to:

MDFI
2800 S. Kings Hwy
Luther, MI 49656