



# Maryland Child Passenger Safety Scholarship Application

**Applicant Name:** \_\_\_\_\_

**Address/Phone/Email:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer/agency/affiliation:** \_\_\_\_\_

**Current Technician/Instructor (complete below):**

1) How often do you check/inspect car seats? (with or without additional supervision)

- Weekly
- Monthly
- Quarterly
- Occasionally (less than 4x/year)

2) How often have you provided child passenger safety seminars or staffed interactive displays (e.g. health fairs, etc) over the past year?

- 0-3x/year
- 4-6x/year
- 7+x/year

**Current Technicians/New Technicians (complete below):**

1) My employer/agency/organization will pay for my certification/recertification fee.

- Yes
- No
- Not applicable

2) My agency/employer supports CPS activities.

- Yes (Check all that apply)
  - On-site CPS education/car seat checks
  - Off-site CPS education/outreach events (health fairs, etc)
  - Off-site car seat checks
- No
- Not applicable

3) \_\_\_\_\_ % of my Child Passenger Safety activities are/will be on a volunteer/unpaid basis.

4) Over the next two year period, I will commit to \_\_\_\_\_ (fill in a number) car seat inspection/outreach events.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature  
(If applicable)

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_ Comments if denied: