

# The Massachusetts Broadcasters Association

## Continuing Education Reimbursement Program

The Massachusetts Broadcasters Association will provide a one-time continuing education reimbursement of up to \$400 to a radio or television full time employee(s) in the Bay State. The reimbursement will cover any industry-related continuing education expense including, but not limited to, conferences, webinars, seminars, training materials, college or technical school course, workshops, etc. Reimbursements are awarded on a first-come, first-served basis (some restrictions apply\*). Funds will be awarded once applications have been approved by the MBA and proof of purchase is supplied.

### \*Restrictions

Must be a full-time employee of an MBA member station. One reimbursement per person/per year. Limit two allotments per station per event. Reimbursements will be awarded in the order received, in amounts of up to \$400. Recipients will be notified via email in a timely manner. Checks will be made payable to employee, c/o station General Manager. Proof of purchase must be supplied to the MBA PRIOR to payment and no later than 12/15/2024. MBA reserves the right to decline any application deemed outside the qualifications of the program. Any applications received after all 2024 allotted funds have been distributed will also be rejected. All decisions are final. Purchases must be made with a personal check or credit card. The MBA cannot reimburse expenses paid by the station.

For more information, or to obtain additional applications, log on to:  
[massbroadcasters.org/continuing-education](http://massbroadcasters.org/continuing-education)

*This is an INTERACTIVE FORM, that can be opened and completed from your computer.  
Do not complete this form using Apple Preview. Use Adobe Acrobat Reader.  
Be sure to do a "save as" with a unique file name that includes your full name.*

PLEASE TYPE or PRINT LEGIBLY

Name \_\_\_\_\_ Station: \_\_\_\_\_

Station Address \_\_\_\_\_  
Street City State Zip

Station Email \_\_\_\_\_ Station Tel No \_\_\_\_\_

Are you a full-time employee? YES NO Is your station a member of the MBA? YES NO

Explain in detail what continuing education event or materials the reimbursement will cover, and what you hope to gain from it (attach additional pages, if necessary):

Estimated Cost: \$ \_\_\_\_\_ (Note: Purchases must be made with a personal check or credit card)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Station Mgr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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