

Application Date:		E-Mail to:		
Select Conference			Scholarship Chair scholarship@gmail.com	
Last Name	First Name	Mun	Municipality	
Mailing Address		City and State	Zip Code	
Telephone Number	Fax Number	E-mail	Address	
Population of your Muni	cipality:	<u> </u>		
□ City/Town Clerk □ I	Deputy City/Town Clerk**	·□ Other	**	
** If other, not clerk of	or deputy, Please attach lis	t of job duties.		
Years in your present po	sition:	Are you a member of	IIMC? Yes No	
Are you a member of CM	MCA? Yes No			
Have you previously atte	ended this event/conference	ee?:Da	tes:	
List dates of attendance a	at CMCA Business Meetin	gs:		
Have you previously app	lied for and/or been awar	ded a CMCA Scholarship	o? :	
Conference(s) and Years	s(s):			
List CMCA Committees	on which you have served	l and the year(s):		
What are your career go	als?			

ent?	,	er goals? What do you hope to learn from	
	Financial Infor	mation	
General Fund Budget for	your Municipality \$		
Amount budgeted for thi	s event/conference \$		
Amount requested from Scholarship Fund \$ Commuter  \text{Non-Commute}			
Please list any other scho	plarship/grants for this event/co	onference:	
Please indicate the source	e of funding for last year's eve	ent/conference (if applicable)	
Municipality \$	CMCA Scholarship \$	Other \$	
CMCA SCHOLARS	SHID COMMITTEE CHIDEL	INES FOR SCHOLARSHIP AWARDS	
CIVICA SCHOLAR	SIII COMMITTEE GUIDEL	MES FOR SCHOLARSHII AWARDS	
	•	March 31 of the current year. Questions	
2 2	rship should be directed to the unding program attempts to as	Membership Chair. ssist as many applicants as possible,	
therefore no full s	scholarships will be awarded.	This guideline assumes continued	
1.1	tions and limited funding.	hand in andon to an assume as massaisimalities	
<del>-</del>	ferences and education.	duced in order to encourage municipalities	
<ul> <li>Scholarship awar</li> </ul>	ds are for education programs	only. Scholarships do not include pre-	
	ns, off-site activities, travel, lo	dging or meals. consideration of scholarship awards, after	
	s for Deputy Clerks and Othe		
	andbook for additional inform		
Signature of Applicant		Date	
	Clerk/Town Manager/Mayor	Date	

	For O	Official Use
Date of Application	Receipt:	☐ CMCA Dues Current
Previous Awards (D	ate/Amount):	
☐ Award Granted	□Award Denied	Amount Awarded: \$