

WISCONSIN MUNICIPAL CLERKS ASSOCIATION
Application for Scholarship Assistance - 2010

Name: _____

Title: _____

Municipal Employer: City / Town / Village of _____

Municipality Address: _____

City _____ County _____ Zip Code _____

Telephone: () _____ Home Phone () _____

I am making an application for scholarship assistance to attend the Clerk's Institute program of study Green Bay, Wisconsin.

..... Clerk's Completion _____

I am attending the 1st _____ 2nd _____ 3rd _____ Year Clerk program or Master Academy _____
(Please check one)

I have previously attended the Institute, please give dates or year graduated. _____

_____ I am a member of the WMCA - My District is # _____

_____ I am not a member of the WMCA

My municipality supports my attending the Institute at Green Bay. **You are required to submit a letter confirming the municipality's support from your Supervisor, Mayor or Board.**

Date you assumed your present position. _____

Full Time ___ Part -Time ___ If part time, the number of hours per week _____

• Please explain your reason(s) for wishing to attend, or continue to attend the Institute for Municipal Clerks _____

- Have you attended any other WMCA educational sessions? ___ Yes ___ No.
- Do you attend WMCA District meetings ___ Yes ___ No

Please list the WMCA sponsored sessions attended within the last year.

How much of the cost of the Clerk's Institute will your municipality pay for? _____

What is your Municipality's budget for education, conferences, meetings, travel, etc.
\$_____.

You may attach a separate sheet of paper for the following questions if needed.

- Is there anything the Committee should consider in assessing your municipality's financial need for this scholarship?

- If you do not receive a scholarship, how would your municipality or you fund the Institute?

- Have you applied for any other scholarships for this year? Please describe:

- Have you received a scholarship previously? If yes, please give the year and the scholarship name and amount you received.

- Tell us why you feel you should receive a scholarship.

- Please list any other related municipal position(s) or experience.

- Please list other community activities that you have been involved in.

Name and Phone Number of Immediate Supervisor _____

I understand that if a scholarship is awarded to me, I must attend the current session that will be held in July 2010 and I will attend all the required classes. I also attest that I will attend the class that I have indicated on my application. I also understand that if I am not employed at the same municipality at the time of the Institute, I will not receive the scholarship. I do hereby attest this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date _____

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To be considered for a scholarship, this application
must be postmarked no later than April 15, 2010.

Please complete and mail to:
JoAnn M. Cram, Scholarship Chair
819 Superior Avenue
Tomah, WI 54660
or e-mail
jcram@ci.tomah.wi.us