

# Scholarship Application CCAC Annual Conference

(Award subject to CCAC Executive Board Scholarship Policy for Annual Conference – Appendix VI)  
Please Print or Type

Name \_\_\_\_\_

City \_\_\_\_\_ Title \_\_\_\_\_ Date appointed to current position \_\_\_\_\_

CCAC Division  Central  Northern  Southern

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

CCAC Membership: \_\_\_\_\_ years  Certified Municipal Clerk (CMC)

IIMC Membership: \_\_\_\_\_ years  Master Municipal Clerk (MMC)

Are you working towards your CMC or MMC? Yes \_\_\_\_\_ No \_\_\_\_\_

College degree in related field (indicate degree) \_\_\_\_\_

Committee Service \_\_\_\_\_

Other Comments \_\_\_\_\_

Have you ever attended a CCAC Annual Conference: Yes \_\_\_\_\_ No \_\_\_\_\_

Funding available in current year's budget for your travel, conferences, training, etc.

Attendance at Division Meetings Regular \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

If seldom or never, why? \_\_\_\_\_

I hereby submit this application for financial assistance to attend the CCAC Annual Institute in April. I understand my application will be evaluated based on criteria established by CCAC. The information supplied hereon is true and correct to the best of knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed application should be faxed or emailed to CCAC immediate past president.

**For Official Use Only**

- CCAC Membership Confirmed
- Scholarship Awarded
- Recipient Notified - Date \_\_\_\_\_