



**MASTER MUNICIPAL CLERK ACADEMY (MMCA)**  
**APPLICATION FOR SCHOLARSHIP**  
2010 - 2011

1. Name \_\_\_\_\_

2. Title \_\_\_\_\_

Please describe your title if it is different from Municipal Clerk or Deputy Clerk.

\_\_\_\_\_  
\_\_\_\_\_

3. Date assumed present position \_\_\_/\_\_\_/\_\_\_ Applicant must be a Municipal Clerk or Deputy Clerk (or related title), on the date of the application.

4. Population of Municipality \_\_\_\_\_

5. Municipal Employer \_\_\_\_\_

6. Street Address or P.O. Box \_\_\_\_\_

7. City \_\_\_\_\_ State/ \_\_\_\_\_ Zip/ \_\_\_\_\_  
Province Postal Zone

8. Telephone: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

9. I am currently an IIMC member  Yes  No

10. I am a Certified Municipal Clerk  Yes  No  
Proof of CMC status must be included

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11. Your total annual municipal salary  
 \$ \_\_\_\_\_  full-time  part-time
12. Approximate cost of Academy Session \$ \_\_\_\_\_
13. Date and Location (if known at this time) \_\_\_\_\_
14. Attach a 200-400 word statement of your educational goals and how the Academy program will help you achieve those goals.
15. I understand that if I receive a scholarship award, it must be used between June 1, 2010 and May 31, 2011 and that the scholarship funds will be sent directly to me after completion of the program. I attest that the information submitted in and with this application is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Return this completed Application to:

**MCEF Master Municipal Clerk (MMC) Scholarship**  
 c/o IIMC Headquarters  
 8331 Utica Avenue, Suite 200  
 Rancho Cucamonga, CA 91730

Please complete all sections of the Application and provide all information requested. Failure to do so may result in disqualification. To be considered, the Application must be **postmarked by January 4 2010.**

<p><i>For MCEF Use Only</i></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
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