

**UTAH MUNICIPAL CLERKS ASSOCIATION  
SCHOLARSHIP APPLICATION**

***FULL COST OF ONE CONFERENCE REGISTRATION – ONE TIME ONLY***

Name of Municipality\_\_\_\_\_

Name of Recorder/Clerk/Deputy\_\_\_\_\_

Address:\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_ Population\_\_\_\_\_

Email:\_\_\_\_\_

The conference you wish to attend: \_\_\_Institute/Academy \_\_\_Spring Conference

Board's Response:

Date\_\_\_\_\_

Approved\_\_\_\_\_

Denied\_\_\_\_\_

Comments\_\_\_\_\_

\_\_\_\_\_

(Initial & Complete)

\_\_\_ I am a duly appointed: \_\_\_ Recorder \_\_\_ Clerk \_\_\_ Deputy

\_\_\_ I am an active member of UMCA.

\_\_\_ I have never attended \_\_\_ Institute Academy \_\_\_ Spring Conference.

\_\_\_ I am currently working on my CMC.

\_\_\_ My city/town is unwilling or unable to fund the training.

\_\_\_ I understand expenses for food and hotel will be my responsibility, or will be paid by my municipality if they agree.

\_\_\_ I understand I will be responsible for all paperwork, registration and reservations for the training and lodging.

\_\_\_ I understand that UMCA will reimburse my city for registration fees associated with the Conference.

\_\_\_ I have attached my municipality's Consent Form signed by the Mayor.

Explain briefly why you would like this scholarship:

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

Signature of City Recorder/Clerk/Deputy\_\_\_\_\_ Date\_\_\_\_\_

