

**UTAH MUNICIPAL CLERKS ASSOCIATION
SCHOLARSHIP APPLICATION**

Name of Municipality _____

Name of Recorder/Clerk/Deputy _____

Full Address: _____

Phone _____ Fax _____ Population _____

Email: _____

The conference you wish to attend: Institute/Academy

I am requesting Registration and/or Lodging

(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 MMC

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

___ I understand expenses for food (per diem) 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. *(if UMCA approves lodging, they will make the reservations)*

___ I understand that UMCA will reimburse my city/town for registration fees associated with the Conference.

___ My city/town has cut travel expenses Yes No

___ I have attached my municipality's Consent Form signed by the Mayor or City Manager

PLEASE explain in detail why you would like this scholarship *(give reasons why it is important that you attend this conference)*. Please attach a separate sheet if needed.

Signature of City Recorder/Clerk/Deputy _____ Date _____

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MUNICIPALITY'S CONSENT FORM

The City/Town of _____ does hereby grant approval for
_____, Recorder, Clerk or Deputy to attend the Spring
Conference in Springdale UT to be held at Canyon Community Center on April 14-16, 2010.

(Must Complete)

_____ Our Recorder, Clerk or Deputy has submitted a written request to the City/Town for funding for training. However, at this time:

_____ Full funding is requested for registration for this Conference.

_____ The City/Town/Individual will pay the remaining cost of lodging, per diem, etc.

_____ I understand that UMCA will reimburse the City/Town/ Individual for the cost of registration only or lodging if requested

Signature: _____ Date: _____

Title: _____ Attest: _____
Mayor/City Manager *Recorder/Clerk/Deputy*

**All requests are subject to the availability of funds
SCHOLARSHIP APPLICATIONS MUST BE RECEIVED by
July , 2010**

PLEASE MAIL APPLICATION TO:
Kate Black, Alta Town Clerk
PO Box 8016
Alta UT 84092-8016