

**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 _____ Annual Conference

I am requesting: Registration Lodging Registration & Lodging

(Initial & Complete)

___ I am a duly appointed: Recorder Clerk Deputy

___ I am an active member of UMCA.

___ I have never attended: Institute/Academy Annual 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.

___ I understand I will be responsible for all paperwork, registration and reservations for the training and lodging. (UMCA will only reimburse cost of least expensive sponsor hotel).

___ I understand UMCA will reimburse my city/town for registration fees associated with Institute/Academy. If awarded a scholarship for UMCA Annual Conference, UMCA will cover the registration fee.

___ 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 or I/A*). 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
Institute/Academy _____ Annual Conference _____ to be held in/at _____
on _____.

(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 Institute/Academy or Annual Conference.

_____ Full funding is requested for lodging.

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

_____ I understand that UMCA will reimburse the City/Town/ Individual for the cost of registration only. If a lodging scholarship is requested, arrangements will be coordinated through the UMCA treasurer.

Signature: _____ Date: _____

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

PLEASE MAIL OR EMAIL APPLICATION TO:

Lisa Titensor, MMC

2267 N 1500 W

Clinton, UT 84015

ltitensor@clintoncity.com

*All requests are subject to the availability of funds
and the ability of the requesting city/town to pay the costs.*