



# MASTER MUNICIPAL CLERK ACADEMY (MMCA) APPLICATION FOR SCHOLARSHIP 2013 - 2014

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

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. Attach written documentation from your mayor, council or manager/city administrator showing that in the event a scholarship is awarded, you will be granted either administrative or annual leave to attend the Institute. Also include a statement indicating the amount the municipality is likely to fund, or explain why the municipality cannot fully fund these costs.

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

16. I understand that if I receive a scholarship award, it must be used between June 1, 2013 and May 31, 2014 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:  
**Master Municipal Clerk Academy (MMCA)**  
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 March 1, 2013.**

*For MCEF Use Only*

- 1.
- 2.
- 3.
- 4.