

TEXAS MUNICIPAL CLERKS ASSOCIATION, INC.
 TEXAS MUNICIPAL CLERKS CERTIFICATION PROGRAM

940-565-3488 • http://municlerks.unt.edu

Application for TMCA Major Scholarship Award

APPLICANT'S NAME _____

TITLE _____

CITY OF _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

MUNICIPAL POSITIONS HELD	CITY/ORGANIZATION	FROM MM/YYYY	TO MM/YYYY
City Secretary/Clerk	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Deputy/Assistant CS/CC	_____	_____	_____
	_____	_____	_____
Other TMCA Member	_____	_____	_____
	_____	_____	_____

Have you been awarded a major scholarship in the past? Yes No

If so, what year? _____

What scholarship? _____

PROFESSIONAL INFORMATION:

Currently a paid member of TMCA, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently enrolled in Certification/Recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years a member of TMCA, Inc.? _____	Currently a Texas Registered Municipal Clerk? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of certification: _____ Date(s) of recertification: _____

INTENDED USE OF SCHOLARSHIP: *(Designate one)*

1) TMCCP _____

2) College/University _____

► **PLEASE ENCLOSE RESUME**

CONTINUED ON REVERSE SIDE

EDUCATIONAL INFORMATION:

TEXAS MUNICIPAL CLERKS CERTIFICATION PROGRAM

Year enrolled in TMCCP _____

(Certification Program Enrollees)

Number of course(s) completed _____
*(1 course = 4 modules homework,
1 exam, 2 required seminars)*

(Recertification Enrollees)

Number of education points completed _____

Number of required seminars completed _____

Expected Certification or Recertification date _____

► **PLEASE ENCLOSE A TMCCP TRANSCRIPT**

(Complete the following section **ONLY** if scholarship is to be used for college.)

NOTE: Applicant must have already obtained the TRMC to be eligible to use scholarship funds for college.

COLLEGE OR UNIVERSITY

Name of Institution _____

Department/School/College _____

Major _____ Minor _____

Year enrolled _____ Number of hours earned (minimum of 30 required) _____

Current grade point average _____ Expected graduation date _____

Degree plan filed with the institution? Yes No (*If yes, please attach a copy.*)

► **PLEASE ENCLOSE A RESUME AND OFFICIAL TRANSCRIPT FROM EACH COLLEGE ATTENDED**

APPLICANT PLEASE READ AND SIGN:

I have read and understand the eligibility requirements for application for a scholarship. I understand and shall comply with the post award requirements of the scholarship. I attest that the above statements contained in this document are true and correct.

Signature

Date

RETURN COMPLETED APPLICATION TO 2017 SCHOLARSHIP COMMITTEE CHAIR:

TMCA Scholarship Committee Chair Beth Walls, TRMC
City Secretary/HR Director, City of Levelland
PO Box 1010, Levelland, TX 79336
bwalls@levellandtexas.org

Application must be received by JUNE 15.