

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 2018 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.**